| Coun | | STATE OF CERTIFICAT |
|--|--|--|
| Alcate. Village | or City batonsville (No 10 My | nderest olds wa |
| P BEX | ERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATI |
| Jen Jen | rale White Write the word | July (Month) |
| E C 6 DATE | OF BIRTH April 8 , 1836 (Clouth) (Day) (Year) | that I last saw h Malive on Ju |
| ms so that nestruction | 75 yrs. 3 mos. ds. or min.? | The CAUSE OF DEATH) was as follows: |
| partic (b) G busine which | rade, profession or ular kind of work More More Meneral nature of industry ess, or establishment in a employed cr (employer) HPLACE tats or country) Baltimore bity Md | Contributory Segondary Seferity (Duration) |
| ON IS VOT | BIRTHPLACE OF FATHER (State or county) alternore lesty Mod MAIDEN NAME MAIDEN NAM | (Signed) 1981. (Address) 1981. (Address) 2014 Violent Caus 8, state (1) Means of Accidental, Suicidal or Homicidal. |
| To start of the st | DIRTHPLACE OF MOTHER (State or country) resport Penna. | 18 LENGTH OF RESIDENCE (For Figure 18 LENGTH OF Residents) At place of death |
| -0 | nformant) Harran Marthus (Address) / Wynderest Road | Former or usual residence |
| ₩ O Ø 15 | ed 7/10 1931 Selfus Registral Registral If more b.anks are needed, address Etato Registra | 20 MODERTAKER SMULL 20 MODERTAKER SMULL 20 MODERTAKER SMULL 20 MODERTAKER SMULL 20 MODERTAKER 20 MODERTAKE |

STATE OF MARYLAND

Dist. No. 3

CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give Its NAME Isnumber.) OF DEATH

itals, Institutions, Trans-

-(Day) in deaths from and (2) whather njury

ate.....yrs.....nios....

370 × Hunge in or

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. work, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housecn at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) tracry:
(a) Foreman, (b) Automobile factory. The material household only (not paid Housekeepers who receive a should be used only when needed. As examples: additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stellianury Jironen, et . But in many the first line will be sufficient, e.g., Firmer or Phanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Archiect, Locomotive engineer, Statement of Occupation Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day

Statement of Caule of Death—Name, first, the bis-EASE CAUSING DEATLI (the primary affection with respect to time and causition), using always the same accepted term for the same dinner. It camples: "erebrophinal foor (the only defilite synonym is "indemic cerebrospinal menic, itis"); Diphiheria avoid use of "Forgi"; Typhoid fewer (never report "Typhoid Pheumonia"; Lohar oneumonia. Bronchopmonomia "Pheumonia.";

> telunus) may be stated under the head of "contributory atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Américan Medical Association. approved by Recommendations on statement of cause of death as fracture of skull, and consequences e carbolic acid-probably smoide. The nature of the injury, accident; Revolver wound of head -homicide; Poiso ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICE A., diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," Mole-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Examples: Accidental drowning; Struck by radius; train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify: 11 Whouping cough; Chronic Chronic interstitial nephritis, causing use of "Tumor" for malignant neoplasms); Mendes; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), Committee on Nomenclature of the Chronic valeular heart dismise; etc. The contributory 8. , 36, X/K,

If this certificate is looked over thoroughly and all quesions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH

| St. | 1. PLACE OF DEATH | (5) | |
|---|---|--|--|
| occup | County Baltimore | Registration Dist. No. 43 | |
| Jo | | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. | |
| PHYSICIANS act statement | 2. FULL NAME Frank R Bauer (a) Residence: No. 34th St & Hamilton A (Usual place of abode) | | |
| E/E | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| L T. PH | 3. SEX Male 4. COLOR OR RACE More of DIVORCED (write the word) Married | 21. DATE OF DEATH (Month) (Day) (Year) | |
| X A C T I | 5a. If merried, widowed, or divorced HUSBANO of Charlotte M Filliaux (or) WIFE of Charlotte M Filliaux | July 2 Th 1930, to July 6, 1931 | |
| stated E properly c certificate. | 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 25 Years 1 Months 2 Oays If LESS than 1 day,hrs. orhrs. | to have occurred on the dete stated above, at | |
| should be st it may be pr n back of cer | 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month end the properties) spent in this securing the same transfer of the properties of t | Sarcoma of left testis June 19 | |
| 는 라 | 10. Oate deceased last worked at this occupation (month end yeer) | Other Contributory Causes of importance: Sarcomatusis Alc. 4. | |
| • | (State or country) (State or country) (State or country) (13. NAME | B 1 C T 1 C Pottus | |
| sul in t | 14. BIRTHPLACE (city or town) Balto Co. (Stete or country) | Name of operation (Load Essturys of court, of l. Chotham aug. 1930) What test confirmed diagnosis? Catholog Esst., Was there an au opsy? U.S. | |
| in ant | 15. MAIDEN NAME Celia M Eiler 16. BIRTHPLACE (city or town) Balto Co. (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | |
| mation should be car CAUSE OF DEATH TION is very import | 17. INFORMANT Chas R Bauer (Address) Hamilton Ave Rosedale | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| | Plece on En Letherau Cour July 9, 19.3.1 | Nature of injury | |
| | 19. UNDERTAKER John Cellsich 2008 and Orle aus | 24. Was disease or injury In any way related to occupation of deceased? MO If so, specify Company Com | |
| (1) | 20. FILED July 6, 19.3/ 20. FILED Registrar. | (Signed) | |
| | 15 more dianks are needed, address State Registrar | , 2411 IV. Chanes Street, Dathmore, Requesting 'O. S. 140. 1. | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | , PHYSI- d. Exact | PLACE OF DEATH Count Bal Liver or | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|---------------------|---------------------------------------|---|---|
| ECORD | d EXACTLY, rily classifle ificate. | Village or City Helbville (No. 2 FULL NAME Bessie L. Becc | St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.) |
| E | stated proper certif | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| W W | be be | 3 SEX 1 COLOR OR RACE 5 SINGLE MARRIED MARRIED WIDOWES OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| ING PERM | ahou n m | 6 DATE OF BIRTH | I HEREBY CERTYFY, That I attended the decessed from |
| BINDING IS A PER | | (Mont) (Dhy) (Yenr) | that I look saw he alive on Author 13, 193 / |
| FOR E | plied ACE ms so tha instruction | 7 AGE If LESS than I dayhrs. 55 yrs | The CAUSE OF DEATH & was as follows: |
| VED F | sup teri | 8 OCCUPATION (a) Trade, profession or particular kind of work | Cheque Vectoris |
| SER | n pl | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs mos 3 de. |
| N RED | D A | 9 BIRTHPLACE (State or country) | Contributory Secondary T |
| MARGIN | hould OF DE | FATHMonfetch Paines | (Signed) For E March M. D. Quely 13, 1928 (Address Parrofalls town MO) |
| N | tion 8 AUSE TION | 11 BIRTHPLACE OF FATHER (State or country) | State the Disease Causing Death, or, in deaths from Violent Causes; state (1) Menns of Injury: and (2) whether Accidental, Suicidal or Homicidal. |
| Z | forma tate O CUPA | of MOTHER Sulphown | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) |
| ۵ | 1 p | 13 BIRTHPLACE OF MOTHER (State or country) | At place of death |
| RITE | F 0 + | (Informant) Leo, Secrath | if not at place of death? |
| î. WRI | ANS | (Address) Woodland | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| N. No. | E CI | Filed July 13 # 1923/ In h Buffers Hogistrar | 20 UNDERTAKER S/1/36 SADDLESS S |
| r. C | k | U more blanks are needed, address State Registrar | . 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health additional line is provided for the latter statement; it m..ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, sapecially in industrial employments, it is neces Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planton tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House household only (not pald Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons en-(a) Foreman, (b) Automobile factory. The material ured 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed whatever, write None. reiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on duties of the

to time and causation), using aiways the same accept-EASE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Corebrospinal Typhoid fover (never report "Typhold pneumonia") fever (the only definite synonym is "Epidemic cerebro-Stacoment of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia."

> head unqualified, is indefinite); Tuberoulosis of lungs, men-Nomenciature of the American Medical Association.) stated unless important. Example: Measles use of "Tumor" for mailgnant neoplasms); Measles; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Annemia" ary), 10 ds. causing death), 20 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. diseases resuiting from childbirth or miscarriage as can be ascertained as the cause. Aiways qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemoryulsions." (secondary or intercurrent) affection need not be Whooping cough; quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuil, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under-"Purperal septicaemia," "Purperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease ment of cause of death approved by Committee on of "contributory." (Recommendations on state-For VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.). Never report mere symptoms or terminal Chronic valvular heart disease; The contributory "Coma," (merely (discase (second "Con-

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed

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| PLACE OF DEATH County 10 QUAC | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| Village or City Glynden (No | Registration Dist. No. 35 St.: Ward) (If death occurred in a hospited or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WILDOW WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1929, to 2 , 1923, that I last saw har alive on 2 , 192 2 , 192 3 , 1 |
| 7 AGE 6 9 yrs. 9 mos. 2 3 ds. or min.? | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work Hause walk (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 Country) 12 Country) 13 Country 14 Country 15 Country 16 Country 17 Country 18 Country 18 Country 19 Country 19 Country 10 Country 11 Country 11 Country 12 Country 13 Country 14 Country 15 Country 16 Country 17 Country 18 | (Signed) 4.72, Slate M. D. (Signed) 4.72, Slate M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs death death yrs death death yrs death death yrs death de |
| (Informant) W. H. A. Melkel. (Address) J. M. | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL YULMMOUNT COMMITTEE FULLY 14, 1931 |
| Filed July 14 19231 No. 200, School Registrar If more branks are needed, address State Registrar | o UN DERTAKER Course August Multiple 16 W. Saratoga St., Belto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation (b) Automobile foctory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS state MEANS OF INJUKY "Means illity" ("Congenital," "Senile," etc.), "Dropay, "Illity" ("Congenital," "Senile," "Haemorrhage, "haustion," "Heart failure," "Old Age," "Shock, Never report mere symptoms or terminal condietc. Nomenclature The contributory Always qualify al

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH County Bully | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| Village or City fachsmaille (No. Fong hr 2FULL NAME Ferri, H. Bo | Registration Dist. No. St.: Ward) A spitul or institution, give its NAME instead of number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Reale While (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 18 (Year) 18 (Year) 18 (day hrs. or min.) | |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Durstion) yrs, mos ds. Contributory Secondary (Durstion) yrs, mos ds. |
| 10 NAME OF FATHER Lemy Gosh 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME AND THE OF T | (Signed) (Address) (Sulfate M. D.) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death |
| (Informant) anne Bork (Address) Fong Fren Mcl. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOTICE CONTROL CONTROL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS |
| If more branks are needed, address State Registration | r, 16 W. Saratoga St., Balto., Kequesting V. S. I.o. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Foremun, For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-(b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The material Salesman. single word or term on -Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASM ("AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")



tctanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart fail"
"(Inanition," "Marasmus," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; 'Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic and consequences (e.g., sepsis, Example: Measles (disease "Old Age," "Shock," etc. The contributory valvular heart disease; Measles; " etc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| STATE | OF | MARYLAND-CERTIFICATE | OF | DEATH | 07939 |
|-------|----|----------------------|----|-------|-------|
| EATH | | | | | |

| 1. PLACE OF DEATH | |
|--|--|
| County Gallunge | Registration Dist. No. |
| Village or City tollows h | No. St., Ward |
| TO | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residance in city or town where death occurredyrs | os. ds. How iong io U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Warles Herber | 1- worser |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| M Pr OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If marriad, widoway or divorced HUSBANO of | |
| (or) WIFE of the 6'd) ell Borner | 22. HEREBY CERTIFY. That attended decaasod from |
| July 12 1829 | Wast saw he be aliva on Date (25 193/: death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, 14/30 m. |
| 50 W 10 Iday,hr | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this exemption (month end) | Gullargaralyses 7-1590 |
| 9. Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | |
| this occupation (month and 143) spent in this occupation 30 | |
| Joan Joseph Occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 7,122 | |
| 13. NAME TO CONTROL OF THE STATE OF THE STAT | |
| I4. BIRTHPLACE (city or town) | Name of operation |
| | What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? |
| 15. MAIOEN NAME salely less 16. BIRTHPLACE (city or town) Mary | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State ar country) | Accident, suicide, or homicide? |
| - (State of Country) | Whera did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Address (Address) Address (Address) Address (Address (Ad | Managed Indiana |
| Products Chafel Date July 28, 19 | Manner of injury |
| There It so | 24. Was disease or injury in any way ralated to occupation of deceased? |
| 19. UNDERTAKER (Address) Lessella My | if so, specify |
| 1. 34 31 m n. 19.16 | (Signed Store 2, Marley M. O. |
| 20. FILEO Registrar. | (Address) Paudallaton My |
| | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

a stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallmones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B.-

| PLACE OF DEATH | CERTIFICATE OF DEATH |
|---|--|
| County Balts, | |
| 6. b Cake may Ro | Registration Dist. No. 44 |
| Village or City norman bruck (Cope may Ro | tion, give its NAME 11 |
| 2FULL NAME melton Abit | rey Boyd steed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male Alute Single, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH July // d , 1925/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Feb. 17, 1869 | 192, 192, |
| (Month) (Day) (Year) | that I last sew halive on, 192, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, atm. |
| 6 2 yrs. 4 mos. 2 4 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or machinest | acute Cardiac Failur |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion)yrsds. |
| 9 BIRTHPLACE (State or country) Baltimere | Contributory Secondery (Durstion)yrsmosds. |
| 10 NAME OF FATHER JENY Boyd. | (Signed) Jacob Hallman Coloner M. D. |
| OF FATHER (State or country) (State or country) | *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother margaret Betz | IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Solto Ind! | At plece of deeth yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not et place of dea.h? |
| (Informant) Emma Boyd | usual residence |
| (Address) 523 M. Kenwood an | Balto. Com. July 14, 191 |
| 15 Filed why 11th 1981 John G. Connelly Registrary | John F. Denny Light 1 2mg, |
| If more banks are needed, addre.s Ltate Registrar | , 16 W. Saratoga St., Belto., Requesting V. S. No. 1. |

07940

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, (b) Automobile factory. The Stationary fireman, etc. But in many single word or term on 6) The quesmaterial Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> '(clanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on American Medical Associations (Recommendations on statement of cause of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is local over thoroughly and all questions answered in detail, it will be went further correspondence. All the data is essential and must be tained before the certificate is permanently field.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | <u> </u> |
| County Bally. | Registration Dist. No. 43 |
| Village or City Parterille - | No. St., Ward |
| (If Langth of residence In city or town where death occurred 50 yrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2h:11. C, 1 | Suncles ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME / Villam Crimon | |
| (a) Residence: No. & WM Journ (Usual place of abode) | St., Parkwatelle If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH / / |
| Male While OR DIVORCED (write the word) | (Month) (Oay) (Year) |
| 5a. If marriad, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 1 HEREBY CERTIFY That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) May 3/ 1852 | Hast saw have alive on 193/; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stred obove, a |
| 79 / 8 1 day, hrs. | The PRINCIPAL CAUSE OF OEATH and related causes of Importance |
| 8. Trada, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc | birthel arterischine |
| SAW MILL, BANK, atc | |
| this occupation (month and Month occupation) | |
| 10 PIDTURE ACE (city or house) | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) Service (State or country) | generalized arterio |
| 13. NAME august Brunch | * Schrons |
| 14. BIRTHPLACE (city of town) | Name of operation Date of |
| (State or country) Lirunay | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Marthou Schruke | 23, If death was dua to external causas (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury |
| (Stata or country) Firming | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Man guest Sile Egner | Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) 2 Nulvers (12) | |
| Place Parkers Id Date July 10, 1931 | Manner of injury |
| New Pode (| Nature of injury |
| 19. UNOERTAKER (Address) 12-17 31 Paul | 24. Was disease or Injury In any way related to occupation of deceased? |
| 2/809 FR Dito ma | If so, specify (Signed) Clay Smark M. O. |
| 20. FILEO | (Address) 4766 Horring |
| Q 1 | 2411 N. Charles Street, Baltimore, Requesting V. S. No. r. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by Arget car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis . | 3 days ago |
| | | RECO | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstanes | May 1,1923 | Gastloed vitis | 1 year |
| | | T. D. | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| Exact | County Bald to Mid. | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--------------------------------------|---|--|
| , ded | h/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Registration Dist. No. 44 6 |
| EXACTL iy classif | Village or City Kingsville (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| ated oper | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ld be st ay be pr ack of | Male White Single, Married. Widowed. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| CE shou hat it me lons on b | July 29, 1853 (Month) (Day) (Year) | that I lest sew harmalive on for 25 |
| plied. A rms so t instructi | 7 7 yrs. 11 mos. 2 ds. or min.? | and that death occurred on the date stated above, at 4 |
| sup In te | (a) Trade, profession or Farma | - Westi Migo cardelio |
| efully In pla tant. | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yre mos Z de. |
| SATH Impo | 9 BIRTHPLACE (State or country) | Contributory Secondary (Durston) Musey Tolker de. |
| ould l | FATHER alvest Frown | (Signed) M.D. |
| CAUSE CTION IS | IN BIRTHPLACE OF FATHER (State or country) | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Fod | of Mother Ellen H. Howard | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| f Infor | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| of | (Informant Many Boyd Brown | Where was disease contracted, if not at place of death? Former or usuel residence |
| Every Item CIANS sho statement | (Address) Kingsnille Md. | Greenwound Com. Balt. Mr. July 28, 1931 |
| BEv | Filed 7, 2-7, 1931 J. F. H. Gorsen Ch. Registrar | Clarence E. arthur Fork Wd. |
| Z | If more bianks are needed, addresa State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Foreman, etc., For many occupations a single word or term on or At Home, and children, not gainfully em-Form loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means of injury "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritoriaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy traincan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy;" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

| PLACE OF DEATH County Baltune | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| Village or City Strung Str N62 Plate Fre | Registration Dist. No. 30 M. Cathusullst: Uf Ward) Burus (If death occurred in a hospitel or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1924, to July 2, 1924, that I lest saw h maliye on July 2, 1924, |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) | Contributory Carles Selection (Duration) |
| 10 NAME OF FATHER Salley Burns 11 BIRTHPLACE OF FATHER (State or country) Izeland 12 MAIDEN NAME OF SALLEY BURNS 12 MAIDEN NAME OF SALLEY BURNS 14 MAIDEN NAME OF SALLEY BURNS 15 MAIDEN NAME OF SALLEY BURNS 16 MAIDEN NAME OF SALLEY BURNS 17 MAIDEN NAME OF SALLEY BURNS 18 MAIDEN NAME OF SALLEY BURNS 19 MAIDEN NAME OF SALLEY BURNS 10 NAME OF SALLEY BURNS 11 BIRTHPLACE 11 BIRTHPLACE 12 MAIDEN NAME OF SALLEY BURNS 12 MAIDEN NAME OF SALLEY BURNS 13 MAIDEN NAME OF SALLEY BURNS 14 MAIDEN NAME OF SALLEY BURNS 15 MAIDEN NAME OF SALLEY BURNS 16 MAIDEN NAME OF SALLEY BURNS 17 MAIDEN NAME OF SALLEY BURNS 18 MAIDEN NAME OF S | (Signed) |
| OF MOTHER MARY ME WURLINGTH 13 BIRTHPLACE OF MOTHER (State or Country) Villaud | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| (Informant) Branch Burus (Address) / 4/7 Covington Rt. | Former or usual residence / / Coving to Aller of Burial or REMOVAY DATE OF BURIAL OR REMOVAY DATE OF BURIAL CHILLIAN CHI |
| Filed fully 1931 L. Man Televinore Registrar If more blanks are needed, address Stete Registrar | Margalet & - Fly our 142 high & |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engincer, Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. (b). Grocery,

Statement of Cause of Dcath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably function. The nature of the injury, as fracture of skull and consequences (e.g., sepsis, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations of statement) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medica (secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by cough; mitte ssociation. Chronic valvular heart disease; statement of Example: Measles (disease affection need not be etc. The contributory of "contributory." ficiature of the ause of death Measles;

If this certificate is local over the oughly and all questions answered in petalty it will prevent take correspondence. All the data is essential and just be ptaked before the certificate is permanenty too.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. For persons who have no occupation gaged in domestic service for wages, as Servon!, Cook, Housemaid, etc. If the occupation has been changed lahorer, Farm loborer, Loborerbusiness, that fact may be indicated thus; Former (re ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer." "Foreman," "Nanager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day who are engaged in the dutics of the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Leamples: Accidental drowning; Struck by roilway traina telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," or intercurrent) Chronic valvular heart etc. The contributory affection need not be Nomenclature discose; as

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very im; ortant, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g.. Farmer or Planler, busines, that fact may be indicated thus; Ramber (retired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (2) the kind of work and also (b) the Locomolive engineer, (b)

Strtement of Cause of Death—Name, first, the pisease coursing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrosphal fever (the only definite synonym is "Epidemia cerebrosinal menin, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E-haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"E:haustion, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) Chronic interstitial nephritis, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X cough; for malignant neoplasms); Measles; Chronic etc. The contributory affection need valvular heart Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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V. 8. No. 1

| 11 | /1 | 075 | |
|--------|--|---|---|
| | PLACE OF DEATH . | | STATE OF MARYLAND |
| 1/ | County Vallings | (92-0) | CERTIFICATE OF DEATH |
| X | 0 - | | Registration Dist. No. |
| Vi | liage or City Lulkeylle (No | | St.: Ward) (if death occurred in a hospital or institu- |
| | 2FULL NAME Reliecca B (| Parick | tion, give its NAME in- stead of street and number-) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEL | DICAL CERTIFICATE OF DEATH |
| 3 : | SEX 4 COLOR OF RACE SINGLE, | 16 DATE OF DEA | |
| 0 | Female White (WIDOWED, OR DIVORCED) (Write the word) | | , 192. |
| 6 | DATE OF BIRTH | 17 I HER | (Month) (Day) (Year) EBY CERTIFY, That I attended the deceased from |
| | 20 859 | | 192 9 . to July 9 , 193 1 |
| | (Month) (Day) (Year) | 1 0 | en alive on July & 193/ |
| 7 | If LESS than | and that death o | ceurred on the date stated above, atAm, |
| | 11 5 / dayhrs. | | EATH * was as follows: |
| - | yrs. 0 mos. 0 ds. or min.? | Ch | some valudan least descort |
| 1 (| a) Trade, profession or sarticular kind of work | ************************ | *************************************** |
| 1126 - | b) General nature of industry | *************************************** | |
| | visiness, or establishment in which employed or (employer) | | (Durstion) 10 yrs. mos. ds. |
| - | BIRTHPLACE | Contributory Secondary | |
| | (State or country) Balta Co Manual and | Secondary | (Duretion) yrs mos de |
| | 10 NAME OF FATHER CO | (Signed) | Cleurel Howell M.D. |
| | 11 BIRTHPLACE | | 921 (Address) Town, Mel |
| ITS | OF FATHER Q O. C O. O | | |
| ARENT | (State or country) 12 MAIDEN NAME | Violent Causes, Accidental, Suici | Disease Causing Death, or, in deaths from state (1) Means of injury and (2) Whether dai or Homicidal. |
| PAF | OF MOTHER June Menghan | | RESIDENCE (For Hospitals, Institutions, Trens- |
| | 13 BIRTHPLACE OF MOTHER G | ients or Recent | In the |
| | (State or Country) Dello to Mary | there was disease | |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of | death? |
| | (Informant) Mrs. M. B. Corkeran | Former or usual residence | |
| | (Address) Suttantle Mayland | 19 PLACE OF BU | of Coleypule July 11, 193 |
| 15 | Filed 2/10/31 192 B. R. Benson | 20 UNDERTAKER | ADDRESS |
| = | Filed 7 0 3 192 9. T. Juson Registrar If more banks are needed, address State Registrar | COn | t. Baito. Requesting V. S. No. V. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without more present above, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. single word or term on But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease American Medical Association as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of death diseases can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid resulting from childbirth or miscarriage as cough; Chronic The nature of the injury, etc. valvular heart Nomenclature of the The contributory Always qualify all disease; etc., or

roughly and a'l questions orrespondence. ore the certificate is

answered in detail, it will prevent further corrected at a is essential and must be obtained a for permanently filed.

| County | Just . | CERTIFICATE OF DEATH |
|--|--|---|
| | /2, 0/ | Registration Dist. No. |
| Village or City | L NAME PTIES 1 | Mard) St.: Ward) (If death occurred a hospital or institution, give its NAME stend of street number.) |
| PERSON | AL AND STATISTICAL PARTICU | ARS MEDIÇAL CERTIFICATE OF DEATH |
| 1 SEX | 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the wold) | ng (Month) (Day) (Year |
| 6 DATE OF BIRT | July 5th | 17 I HEREBY CERTIFY. That I attended the deceased f |
| 7 AGE | (Month) (Day) yrs. mos. ds. | that I last saw halive on |
| 11 ' | d of work | (Durstion) yrs. mos. |
| which employed 9 BIRTHPLACE (State or cou | ntry) / M d | Contributory Securdary Af Drugion yrs |
| 10 NAME OF | Mayles Conter | (Signed) 1. 18 1923 (Address) Baraula |
| Z (State or | country) OM | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTH 13 BIRTHPL OF MOTH (State or | AGE OKLALIONI | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Ir ients or Recent Residents) At place of deathyrs |
| | S TRUE TO THE BEST OF MY KNOWL | Where was disease contracted, it not at place of dea h? Former or usual residence |
| Addr | Bar Clase Boars | Dent to John Hopsins, 19 |
| 15 Filed well | 46 1923/4/10Con | Registral Color wical Solar Long |

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Deal-Foreman, For many occupations a single word or term on without more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Dcath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I sphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid -- probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. (secondary or intercurrent) American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. valvular Always qualify all The contributory heart Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

classified. n terms so that it may be properly See instructions on back of certifi peq BINDING DEATH in plain terms RESERVED very important. MARGIN

Every item of CIANS should

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statement of

Exact

| / | PLACE OF DEATH County Ballinare | (131) |
|---------|---|---|
| | lago or City St Georges (No | 0. |
| - | PERSONAL AND STATISTICAL PARTICULARS | 101 |
| 3 8 | Tale White (Write the word) | 16 DATE C |
| 6 0 | Seb 5th, 1856 | that Viant |
| 7 / | (Month) (Day) (Year) (See If LESS than day hrs. day min. day min. day min. day | and that of |
|) (I | a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) | Contrib Secon |
| PARENTS | 10 NAME OF FATHER Charles Olockey 11 BIRTHPLACE OF FATHER (State or country) Balture Co. Ind 12 MAIDEN NAME OF MOTHER Charley & Cockey 13 BIRTHPLACE OF MOTHER (State or country) Palternove Co Ind. | (Signed) Sta Violent Accident 18 LENGT ients or At place of death |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was if not at p Former or |

Registration Dist. No. (If deeth eccurred in a hospitel or institu-tion, give Ite NAME in-steed of street andWard) MEDICAL CERTIFICATE OF DEATH DEATH OF DEATH * was ee follows: (Address) Disease Causing Death, or, In deatha from auses, state (1) Means of Injury Suicidal or Homicidal. OF RESIDENCE (For Hospitals, Institutions, Transecent Residents) In the yrs......ds. State sease contracted. e of death?

BURIAL OR REMOVAL

STATE OF MARYLAND CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken gaged in domestic service for wages, as Nervant, Cook, Ilousemaid, etc. If the occupation has been changed er," etc., William laborer, Laborertired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-A) whatever, write None. or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Architect, Coul mine, etc. Wom-Locomotive engineer, persons The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Didemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar praemonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be (disease important. Example: Measles (disease as fracture of skull, and consequences (e.g., sensis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: (Recommendations on statement of cause of ewbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; for malignant neoplasms); Measles; Chronic etc. valvular heart Always qualify all The contributory disease; death

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| PLACEDOF DEATH | STATE OF MARYLAND |
|---|--|
| County / CC County | CERTIFICATE OF DEATH Registration Dist. No. 4 |
| Village or City // Se aux | St: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Still bon ing | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SFX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the ward) | 16 DATE OF DEATH uey 24 7, 1923/ (Month) (Day) (Year) |
| ate of BIRTH Quey 24th, 1931 | 17 I HEREBY ERTIKY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE III LESS than I day hrs. | and that death occurred on the date stated above, at |
| yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work | Still bow wfam 6th hoo |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)ds. |
| 9 BIRTHPLACE (State or country) | Secondary (Duration) yrs. mos. ds. |
| 10 NAME OF FRIED Cole | Signed M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME () | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Francis Joung | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea.h? |
| (Informant) Francis Coll | usual residence |
| (Address) Wiseder | Rent to Johns Hopkins, 19. |
| 15 Filed wy 75 19231 Gf Ho mick | Eg UN DERTHER Labor Day |
| . If more blanks are needed, address tate Negistra | r, 16 W. Saratoga St., Balto., Lequesting V. S. A.o. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf lired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on capecially in industrial employments, it is neces-(b) Collon mill; (a) Salesman. (b) For persons who have no occupation Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less desinite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the leignus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions an exercid in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

| Spec.—9-30—A. & Co.—250 Bks. | on a support the light Hon |
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| State of Maryland | P & Bolloward 1091 |
| HEALTH DEPARTMENT | -STOROF BALTIMORE 07550 |
| CE DIMERIO A INTE | OF DEATH 95-E |
| CERTIFICATE 1-PLACE OF DEATH | REGISTERED No. 38 |
| | (If death accurred in |
| CHAOF BALTIMORE NO 32 Lingano | a hospital or institution, give its NAME instead |
| 2-FULL NAME Varah J. Colem | of street and number.) |
| 22 Line 1 | · Q Pa h : 00 |
| (a) RESIDENCE NO. (Usual place of abode) | (If non-resident give city or town and State) |
| Length of residence in city or town where death occurred yrs. mos. | ds. How Long in U. S., if of foreign birth? yrs. mos. ds. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 Single, Married, Wildowed, or Divorced, (write the word) | 16 DATE OF DEATH (month, day, and serve 11 2 193 |
| Temale White Widowed | IT CONTROL CONTINUE OF THE PROPERTY OF THE PRO |
| 5a If married, widowed, or discord | I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of Tohu & Coleman | 19 300 11, to 119 31 |
| 6 DATE OF BIRTH (month, day, and Cocc 26th 1853 | that I last saw h |
| 7 AGE Years Months Pays If LESS than | and that death occurred, on the date stated above, at The CAUSE OF DEATH was as follows: |
| 77 // // 14 day,hrs. | Change Bone Settin |
| 8 OCCUPATION OF DECEASED | |
| (a) Marila marilanta (a) | |
| particular kind of work | (duration)) vrs mas de |
| (b) General nature of industry, business, or establishment in | CONTRIBUTORY Cardon Decoursed |
| (c) Name of employer | (Secondary) |
| - Sug | (duration) yrs, los, ds. |
| 9 BIRTHPLACE (city or town) (State or country) | if not at place of death? |
| 7 10 0 | Did an operation precede death?Date of |
| - gon signe | Was there an autopsy? |
| (State or country) | What test confirmed diagnosis? |
| or and a second | (Signed) ,M. D. |
| 12 MAIDEN NAME OF MORNEarigh Vincent | . 19 (Address) 3/63 24 4/1/14. |
| 13 BIRTHPLACE OF MOTHER (city or town) (State or country) | *State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, |
| 14 Propose of Pritalett | Suicidal or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL |
| (Address) 32 Linganory ava | Balto Come Tone 7/13/2 |
| 15 7/12 31 A. THE BRANCH | 20 UNDERTAKER ADDRESS |
| Filed 190 Registrar | Win Cook 1217 St Paul It |
| Registrar | or all a said of |

MARGIN RESERVED FOR BINDING

[Approved by U. S. Census and American Public Health Asso.]

on account of the DISEASE CAUSING DEATH, state If the occupation has been changed or given up occupation at beginning of illness. If retired employed, as At school or At home. Care should be taken to report specifically the occufrom business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have pations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. ary) may be entered as Housewife, Housework or At home, and children, not gainfully it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the bind of more and also (b) the section of the no occupation whatever, write None. paid Housekeepers who receive a definite sal-"Dealer," etc., without more precise specifications, as Day Laborer, Farm Laborer, Laborer kind of work and also (b) the nature of the business or industry, and therefore an addi-tional line is provided for the latter statement; gaged in the duties of the household only (not of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and Statement of Occupation.—Precise statement -Coal Mine, etc. Women at home, who are en-Care

Statement of Cause of Death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Cioup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is

and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consections. approved by Committee on Nomenclature of the American Medical Association. quences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recomia." "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. mendations on statement of cause of death For of ... (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant indefinite); Tubera losis ges, peritoneum, et Carco for which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause birth or miscarriage as "PUERPERAL septice-Always qualify all diseases resulting from child ia," "Anæmia," (merely symptomatic), "Atroless important. Example: Measles (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere sympintercurrent) affection need not be stated un-less important. Example: Measles (disease valvular heart disease; Chronic interstitial ne-phritis, etc. The contributory (secondary or neoplasms); Measles; Whooping cough, chronic VIOLENT DEATHS state MEANS OF INJURY the lungs, menin-(Recom-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

(Approved by U. S. Census and American Fublic Eealth Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques cupation is very important, so that the relative health tired 6 yrs). er," etc., without more precise specification as Day laborer, Farm labarer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective c Statement of Occupation-Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retircd from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Hausemard, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, Foreman, (b) Automabile factory. The material For many For persons who have no occupation Stationary fireman, etc. But in many occupations a single word or term en Locamative engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dts. EAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synenym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); In John fever (never report "Typhoid Pneumonia"); Lobar praumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death > American Medical Association.) approved telanus) may be stated under the head of "contributory." "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound af head-homicide; Poisancd by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. ean be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchapncumania (secondary), (secondar, or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis af lungs, menas fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-prabably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," Chronic interstitial nephritis, Whooping cough; Examples: Accidental drawning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from ehildbirth or miscarriage as by Committee on Nomenclature of the 'Congenital," "Senile," etc.), "Drepsy,
" "Heart failure," "Haemorrhage, Chranic valvular heart disease; Example: Measles (disease etc. The eontributory

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of

statement

EVOLY

| (1 | 1) | PHYSI- | |
|---------|------------------|-------------------------------------|-----------------------------|
| | ECORD | SE should be stated EXACTLY, PHYSI- | ons on back of certificate. |
| DNIG | A PERMANNT ECORD | ld las state | ack of cer |
| RINDING | A PERN | SE shou | ons on b |

PLACE OF DEATH

07852 STATE OF MARYLAND County Balt CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 1923/ WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. ds. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry Important. business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) ID NAME OF FATHER 23 1923/ (Address) 8 11 BIRTHPLACE ENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME PARE 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the State 80 yrs. _____ds At place of death yrs _____ mos. ____ ds. OF MOTHER (State or Country) Where was disesse contracted, if not at place of dea.h?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence DATE OF BURIAL ADDR 20 UNDERTAKER Filed Registrar Manks are needed address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Screant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-," etc., report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumomia"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrnage, "Shock," (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia, ""Weakness," etc., when a definite disease Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need valvular heart Nomenclature of the discase; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

07953

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME in stead of street and number.)

2FULL NAME Dr. Charles W. Davis

1891

(Year)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 16 DATE OF DEATH |
| July 2nd, 19231. |
| (Month) (Day) (Year) |
| June 25th, 19231 to July 2nd, 1931 |
| that I last saw him alive on July 2nd, 1931 |
| and that death occurred on the date stated above, at 12.35 Pem. |
| The CAUSE OF DEATH * was as follows: |
| |
| Pulmonary Tuberculosis |
| |
| 7.0 |
| (Duration) 10 yrs ? mos ? ds |
| Contributory Laryngeal and Renal Tuber- |
| Secondary Culosis. |
| Duration 4 yrs ? nos ? ds |
| (Signed) 10144 M. D. |
| July 2nd 19231 (Address) Mt. Wilson, Md. |
| *State the lisease Causing Death, et, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| ients or Recent Residents) |
| At place 0 yrs. 0 mos. 7 ds. In the 11 yrs.? mos.? ds. |
| Where was disease contracted. Unknown if not at place of death? |
| Former or usual residence 3214 Wylie Ave. Balto. Md. |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Voisburg - 1/1 July 3/1031 |
| 20 UNDERTAKER ADDITESS |

(Approved by U. S. Census and American Public Health Association.)

laborer, Form loborer, Laborerbusiness, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary,, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may forin part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Foremon, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yr8 . without more precise specification as Day For persons who have no occupation (b) Automobile Stationary fireman, etc. factory. The materia -Coal mine, etc. Womnot gainfully em-But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

over thoroughly and a'l questions but further correspondence. All the cooking the certificate is

atic), tetanus) may bestate accident; Revolve wound of head—homicide; Poisoned by carbolic acid—propably wacide. The nature of the injury. "PUERPERAL septicaemia," "PUERPERAL perilonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved by (Recommendations or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Amerigan as fracture, Examples: Accidental drowning; Struck by roilway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, or intercurrent) affection need ok skull, and ssociatio Chronic hitto under the head of "contributory." statement of cause of insequences (e. g., sepeis, etc. The contributory valvular heart disease; Nomenclature of the not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 (If death occurred in a hospital or institu-tion, give its NAME ir -stead of street and EX number.) PERSONAL AND STATISTICA EDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE 3 SEX 16 DATE OF DEATH MARRIED WIDOWED may b OR DIVORCED (Write the word) (Month)(Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from at (Month) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or 0 particular kind of work 10 (b) General nature of industry d business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country OG 10 NAME OF (Signed) FATHER 0 11 BIRTHPLACE Sh the Discase Causing Death, er, in deaths from RENT Violent Causes, state (1) Means of Injury and (2) Whether CAUS (State or country 0 Accidental, Suicidal or Homicidal, 12 MAIDEN NAM A LENGTH OF RESIDENCE (For Hospitals, Institutions, Transnform State CCUP) ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of deathyrs......mos.....ds. s should (State or country Where was disease contracted, if not at place of des.h?..... usual residence. Every ite CIANS s If more blanks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed ployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Luwer or the duties of the worked on may form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons enetc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the

Strtement of Cause of Death—Name, first, the DISJEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dightheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

nermanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meusless inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and all questions Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valendar heart disease Example: Measles (disease etc. The contributory

MARGIN RESERVED FOR BINDING

9. S. No. 1

| County Salkeuer | CERTIFICATE OF DEATH |
|---|--|
| Village or City Tow Son, Med, Pa | Av. Ward) (If death occurred a hospital or insti |
| 2FULL NAME adeline Madrir | a Doello tion, give its NAME stead of street number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Married (CR. DIVORCED (Write the word) | Aionth) (Day) (Year) |
| Dec. 3/6/1858 | that I last saw h Trailive on July 4, 193 |
| 7 AGE Omes. 6 ds. or min. | and that death occured on the daty stated above, at |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | 10 |
| which employed or (employer) | (Duration) yrs mass |
| 9 BIRTHPLACE (State or country) | Contributory Condition Durstion Durstio |
| 9 BIRTHPLACE (State or country) Phila Pa, 10 NAME OF FATHER Louis C. Madrira. | Contributory leplarits myo corditis |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Somes C. Madrira. 11 BIRTHPLACE OF FATHER (State or country) Morriston Pa. | Contributory Secondary Secondary Durstion Py, Techta W.S., N. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Somis C. Madrira. 11 BIRTHPLACE OF FATHER (State or country) Morriston Pa. 12 MAIDEN NAMED The Chila. 14 OF MOTHER Willia Chila. | (Signed) (Signe |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Lonis C. Madrira, 11 BIRTHPLACE OF FATHER (State or country) Morriston Pa, 12 MAIDEN NAME OF MORRISTON PA, 15 MOTHER WILLIAM Child | Contributory Secondary Durstion) Ourstion) Ourstion) |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF Child OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE 19 THE BEST OF MY KNOWLEDGE | Contributory Secondary Durstion) Secondary Durstion) Signed Signe |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Somes C. Madrira. 11 BIRTHPLACE OF FATHER (State or country) Morriston Po. 12 MAIDEN NAME OF Child. 13 BIRTHPLACE OF MOTHER (State or country) 14 OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) | Contributory Secondary Durstion) Signed) (Signed) Late the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. BLENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death wis mos. ds. Where was disease contracted, if not at place of death? Former or |

07955

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g.. Firmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . I met in many Physickin, Compositor. Architect, Locomorne tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm loborer, Laborerwithout more precise specification as Day -Coal mind, etc. Wom-As examples : (a) engineer,

spinal menticitis"); Diphtheria (avoid use of "Croup", Typhoid faser (never ropert "Typhoid Pneumonia": Lobor meumonia Brouchopneumonia ("Pneumonia." ed term for the same discuse. Examples: Cerebrosping! Statement of Cause of Death-Name, first, the DIS to time and EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebrocausation), using always the same accept-

> 02 American Medical Association.) stated unless important. Example: Measles (discase diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. " Uraemia, "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., et unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepais, telement may be susted under the head of "countibutery". accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; by Committee on Nomenclature "" "Weakness," etc., when a definite disease "Heart failure," "Haemorrhage, Chronic " "Coma," "Convulsions, affection need not etc. The contributory valvular heart Always qualify all disease;

answered in detail, it will prevent further correspondence. . . the data is essential and must be obtained before the cartificate is permanently filed.

Bacen

July and

12

| | PLACE OF DEATH | STATE OF MARYLAND |
|---|---|---|
| 1 | County Dallo | CERTIFICATE OF DEATH |
| / | | Registration Dist. No. 47 |
| | Village or City Conton (No. 1. | J-H Flish . St.: Ward) (If death occurred is a hospital er institution, give its NAME in stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 0 | male White Singue, MARRIED, WIDWING CRIDWING (Write the word) | 16 DATE OF DEATH ULY 9 , 1928/ |
| | 6 DATE OF BIRTH (Month) (Day) (Year) | that I last law home after on July 9, 1923, |
| | 7 AGE 7 2 10 If LESS than I day hrs. or min.? | The CAUSE OF DEATH * was as follows: |
| 1 | (a) Trade, profession or particular kind of work (b) General nature of industry | "Opronie" |
| 2 | business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary |
| | 10 NAME OF FATHER Dominar 11 BIRTHPLACE OF FATHER (State or country) | (Signed) 1921 (Address) Maldel March Willight Causes, state (1) Means of Injury and (2) whether Accelerate, Suciedal or Homicidal. |
| | 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 CONTROL OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis mos ds. State yis descriptions. In the State yis descriptions. |
| | (Informant) NON DO TOLLY DO THOUSE | Former or usual residence |
| | (Address) 4/9 / Liwood Upf 15 Filed July 9 198/ John S. Connelly Registrary Registrary | Holy Cederner tuly 13, 79/20 UNDERTAKER WIZIC 183/4. Orubons, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | 1 11010 Dimine dia tiondadi addices perior trelliana | Marie Control of the |

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) definite salary), may be entered as Housewije, House er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyr.8). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) For persons who have no occupation Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros inul meningitis"); Diplutheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> inges, perilonaeum, etc., Carcinonu, Sarconu, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomstated unless important. Example: Meanles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Broncholmoumonia (secondary), (secondary or intercurrent) affection need not be Whooping telunus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nuture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| / | PLACE OF DEATH | 07957 | STATE OF MARKIENIND |
|--|--|--|---|
| C | County Dallimore | 119 | CERTIFICATE OF DEATH |
| | 4 | | Registration Dist. No. |
| Ville | 2FULL NAME Omald Engen | _ Eil | St.: Ward) (If death occurred a hospital or Instition, give its NAME stead of street a number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE OF DEATH |
| 3 56 | A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH | (Month) (Day) (Year) |
| 6 D/ | March 9, 1931 | 17 I HEREBY | |
| 7 AG | (Month) (Day) (Year) GE If LESS than 1 dayhrs. | and that death occur The CAUSE OF DEA | rred on the date stared above, at 10/A |
| | yrs. 4 mos. 17 ds. or min.? | 00 | |
| (a) pa (b) bu | CCUPATION) Trade, profession or inticular kind of work) General nature of industry isiness, or establishment in | Vals | Men Heart Ilisean (Durein) |
| (a) pa (b) bu wh | CCUPATION) Trade, profession or articular kind of work) General nature of industry | Contributory Secondary | (Durstion) Jrs. mos. |
| (a) pa (b) bu wh | CCUPATION) Trade, profession or inticular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) IO NAME OF FATHER Jene C. Echler | | |
| (a) pa (b) bu wh | CCUPATION) Trade, profession or inticular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) IO NAME OF FATHER OF FATHER (State or country) Auto. Co., Mad. | Secondary (Signed) 3 | |
| STN BAR (b) bu wh | CCUPATION) Trade, profession or inticular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) IO NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF Trades OF MOTHER OF | (Signed) | (Address) Death, or it deaths from tate (1) Means of Injury and (2) Whether or Homicidal. |
| STN BAR (b) bu wh | CCUPATION) Trade, profession or articular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Alto Co., Mad. | (Signed) | (Address) (Address) (Address) Disease Causing Death, or it deaths from tate (1) Means of Injury and (2) Whether or Homicidal. SIDENCE (For Hospitals, Institutions, Tresldents) In the State |
| SENTARY SENTENTS SENT | CCUPATION) Trade, profession or inticular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTH | Secondary (Signed) 4 State the Leviclent Causes, s Accidental, Suicidal 18 LENGTH OF Reients or Recent Reaction of the Leviclent Causes, s Accidental and Leviclent Causes, s Accidental and Leviclent Causes, s Accidental and Leviclent Causes and Leviclent Cau | (Address) |
| SENTARY SENTENTS SENT | CCUPATION) Trade, profession or articular kind of work) General nature of industry isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) IO NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) Calto. Co., Mad. | (Signed) | (Address) |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a (b) Automobile factory. The materia. single word or term on Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic etc. The contributory valvular heart disease; " Shock," not be

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (82-a) U (300 |
| County Callymore | Registration Dist. No. 44 |
| Village or City Flermors Onn | No. Sawanah Ove . St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where yeath occurred | ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Ogroting & | 2013 |
| (a) Residence: No. Savanah Que | St. Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Formale Mill In arrived | (Mghth) (Day) (Year) |
| 5a. If married, wildowed, or divorted HUSBAND of (or) Wife of Wiscon P | 22. I HEREBY CERTIFY, That attended deceased from |
| A set alia | I last saw h salive on W 30 193 /: death is said |
| 6. DATE OF BIRTH (month, day, end year 1997, See 1998) 7. AGE Years Months Deys If LESS than | I last saw h alive on , 190 ; death is said to have occurred on the date stated above, et , m. |
| 61 11 25 1 day, hrs. | The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, At Home SAWYER, BDOKKEEPER, etc. | Cerebae Aclerones |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) | |
| D. Date deceased last worked at this occupation (month and yeer) spent in this occupation | |
| 13nbt. | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) And State or country) Macked or country) | anterior to leave and |
| I 13. NAME Clobe Showther | Os states (escaps a) |
| 13. NAME (Colle Shrother) 14. BIRTHPLACE (city of town) Vinder College Colleg | Name of operation Dete of |
| (State of country) | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME CALLE HASE | 23. If death was due to external causes (VIDLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Called (State or couetry) Maryland. | Accident, suicide, or homicide?Oate of injury, 19 |
| 17. INFORMANT Mison R. Lotts | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE. |
| (Address) Formers (Russell 18, BURIAL, CREMATION, OR REMOVAL | |
| Plantativerty's Course District 2 19431 | Manner of injury |
| 19. UNDERTAKER / PROPRIETE HARRING TONS (Address) 740 Belans | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED frugt , 1931 J. J. Connelly Registrar. | (Signed) M. D. (Address) M. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|---------------|--|---|
| 1015 | | |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street ear | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Jastr denlegitis | 1 year |
| | The state of the s | |
| | July 5,1927 | July 5,1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (4E) |
| County Baltimore | Registration Dist. No. |
| Village or City_Dundalk | No. 213 St. Helena Are St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | death occurred in a hoppital of institution, give its 14/4/1/12 instead of street and number) ds. How long in U.S. if ol loreign birth?mosds. |
| 2. FULL NAME Cora Lee Flashell | |
| (a) Residence: No. 213 St. Helena Aye. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Female White OR DIVORCED (write the word) Married | July 18th 193] (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. A LHEREBY SERTIFY That I attended degreesed from |
| (or) WIFE of Edward Flashell | 192/10 puly/1,192/ |
| 6. DATE OF BIRTH (month, day, end year) March 19, 1876 | i late aw h. D. Nive on |
| 7. AGE Years Months Days It LESS then 1 day, hrs. | to have occurred on the date stated allove, at 10 (Am. |
| 55 3 29 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. Housewife | Consuma / (1/4) |
| < 1.49. Industry or business in which | 7 magain |
| work was done, es SILK MILL, SAW MILL, BANK, etc | 119 4 |
| 10. Date deceased last worked at this occupation (month and spant in this | The second |
| year) occupation | Other Contributory Canaca of Importance: |
| 12. BIRTHPLACE (city or town) Balto. | Milatons Jarda, Jo |
| 13. NAME Samuel C. Horney | D X MM / MM |
| 14. BIRTHPLACE (city or town) | What test confirmed diagnosis? Avas there an aut by? |
| 15. MAIDEN NAME Mary Ann Wells | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Balto. | Accident, suicide, or homicide? |
| (State or country) Md | Where did injury occur? |
| 17. INFORMANT Mrs. Florence Brown. (Address) 2042 N. Washington St. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| PlaceOak Lawn Cem. Date July 21, 19 31 | Nature of injury |
| 19. UNDERTAKER Frederick Fasseln, Parl (Address) 7401 Belair Road | 24. Was disease or Injury in any way related to occupetion of deceased? |
| 20. FILED 7/20/814 / Mlarican. Registrar. | (Signed) MD. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street Boltimore, Requesting V. SCNO 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 15 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V S No. 1

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it eupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Sulesman. nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Flanter, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on 31.8). For persons who have no occupation (b) Automobile factory. The materia As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the prints.

EAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. See Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Simal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drepsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERFERAL septicacmia," "PUERFERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondar/ or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07961 |
|---|---|
| 1. PLACE OF DEATH | |
| County laterwism | Registration Dist. No. |
| Village or City Cure 15 och | No. St., Ward |
| Length of residence in city or town where death occurredyrs/3mos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Odward Ougen 1 | rulaco |
| (a) Residence: No. Carloy, viel mod | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (|
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE ot | 22. JI HEREBY CERTIFY. Thet I attended deceased from 12/13/13/15/15/15/15/15/15/15/15/15/15/15/15/15/ |
| | last saw h king elive on grely 15 18 death is said |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, at 3 7 m. |
| 124 1930 June 13 Iday, hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance |
| 8. Trade, profession, or particular | were es follows: Onemissing pute of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Enlew Colitis |
| 9. Industry or business in which | Butikus |
| SAW MILL, BANK, etc | • |
| 10. Date deceesed lest worked et this occupation (month end year) | |
| 12. BIRTHPLACE (city or town) ashland, Md. | Other Contributory Causes of importance: |
| (Stete or country) | |
| 13. NAME Justaland | |
| 14. BIRTHPLACE/City or town) Maryeaul | Name of operation Dete of |
| (State of country) | What test confirmed diegnosis? Was there en eutopsy? |
| 15. MAIDEN NAME / Sarai Catine | 23. If death wes due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Thefif Hyrland (Address) Corpley Swels mid | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | . Manner of injury |
| Plece Poplar Md Date July 11, 1931 | Neture of injury |
| 19. UNDERTAKER W= 13nvK6 (Address) Sparks | 24. Was diseese or injury In eny way related to occupation of deceased? 100 |
| 20. FILED July 16, 19 34 B Bune MAR | (Signed) 13 1. Dussey M. D. (Addrago) TEX aby Mol |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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| Example 1 | 3 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephratis BUREAU V. S | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Jackimors | CERTIFICATE OF DEATH |
| | Registration Dist. No. |
| Bay in Olymin | 10 |
| Village or Gity Catouxerll (Not Bring) 2FULL NAME Benietla | Jove for St. La (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildow | 16 DATE OF DEATH O |
| Terrale White Write the word) | July 29, 1931 |
| 6 DATE OF BIRTH | (Month) (Day) (Year) 17 |
| 0. , 6 | July 16 193/ 10 July 29 , 1923/ |
| (Month) (Day) (Year) | 7 0 - 0 - 0 |
| 7 AGE If LESS tha | - 220 5 |
| 1 day br | The CAUSE OF DEATH # was as follows: |
| 82 yrs. / mos. 28 ds. ormin. | 2 |
| 8. OCCUPATION - | _ |
| (a) I rade, profession or particular kind of work | 016 |
| (b) General nature of industry | Chr. Oidocardetes |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos /2 de. |
| 9 BIRTHPLACE | Contributory Inter nephreting |
| | Secondary |
| (State or country) Cermany | (Duration) yrs. mos. de. |
| FATHER Veter Schmidt | (Signed) 1866 E Jamet M. D. |
| 11 BIRTHPLACE | July 29 1983 (Address) Caforoulle Mis |
| OF FATHER (State or country) | State the I'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| D: 12 MAIDEN NAME | Accidental, Suicidal or Homicidal. |
| of MOTHER anna Otto. | 18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | At place In the 2 |
| OF MOTHER (State of Country) | of deathyrsmosds. State_Q_yrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | - Where was disease contracted on Balturote |
| 1 ~ 2 2 | Former or Dalling |
| (Informant) Haml lewton | |
| (Address) 3200 Elinli, St | 19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | \$1000lawn Cen /9/, 1919. |
| Filed 7/2 192 Alandrea | 20 UNDERTAKER ADDRESS |
| Registra | J. H. M. Gully 130 C # on |
| If more banks are needed, addre at the Kegistr | ar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1. |
| | |

1. W C C12

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an er," etc., without more processor and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Parmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not raid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits ean be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, engineer, Stationary fireman, etc. But in many yrs). many occupations a For persons who have no occupation (b) Automobile factory. The materia Sulesman. single word or term on Locomolive engineer, 6 Grocery

Statement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia,")

> st_ted unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion,"—"Heart—failure,"—"Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is preential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| 4 | | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--------------|------|---|--|
| | 1 | PLACE OF DEATH | (6) |
| | / | County Laltemore | Registration Dist. No. |
| . / | | Village or City Cinnestee | No.528 Junihush (1. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| / | | Length of residence In city of town where death occurred / yrs,mos. | |
| | 2 | 2. FULL NAME & hastes of My | Jibson |
| | | (a) Residence: No. 528 Junking Rd (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| | | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 1 | 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Mgoth) (Day) (Yeer) |
| | | HUSBAND of Cor) WIFE of Hattil M Good | 22. I HEREBY CERTIFY, Thet I attended deceased from , 19, to |
| te. | 6. 1 | DATE OF BIRTH (month, day, end yeer) (a) 23, 1868 | t last saw helive on, 19; death is seid |
| certificat | 7. / | AGE Years Months Days If LESS then | to have occurred on the data steled above, at |
| T | | 63 3 22 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importence were exhibitors: |
| of ce | TION | 8. Trede, profession, or perticular kind of work done, es SPINNER Profession SAWYER, BOOKKEEPER, etc. | strongh the well |
| - 6 | TA | 9. Industry or business in which | temple and cooner out on |
| back | 3 | work was done, as SILK MILL Suldens | The left side |
| 6 | 220 | 10. Deter deceased last worked at this occupation (month end year) 11. Total time (years) spant In this occupation occupation 16. | Heriothage |
| ons | | () (Va + 1 and 1) | Other Contributary Causes of Importance: |
| instructions | 12. | BIRTHPLACE (city or town) | |
| inst | HER | 13. NAME Mihmou | |
| See | FATH | 14. BIRTHPLACE (city or town) | Neme of operation |
| S | - | (State or country) | Whet test confirmed diegnosis? Wes there en autopsy? |
| important. | JER. | 15. MAIDEN NAME (assil Joy Wor | 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: |
| rta | ОТН | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of injury, 19 |
| odu | Σ | (State or country) | Where did Injury occur? |
| very im | 17. | INFORMANT Moles Libron Ja (Address) 2 414 Banday SI | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| | 18. | BURIAL, CREMATION, OF DEMOVAL | Menner of injury |
| is | | Plece Dally or Dete. July 17, 19 | Neture of injury |
| TION | 19. | UNDERTANER HILLIAM STORES | 24. Wes disease or injury in eny wey related to occupation of deceased? |
| | 20. | FILED pely 5, 1991 At 1, Bully | (Signed) M. J. Gutter Georges M. C. (Address) Jawayus Wild |
| | | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | 155 |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Balto | CERTIFICATE OF DEATH |
| | Registration Dist. No. 44 |
| 2 | *************************************** |
| Village or City Bengues (No. 600 | teen Cone . Rol , St .: Ward) a hospital or institu- |
| 2FULL NAME Charlie | tion, give its NAME in- |
| 2FULL NAME thanks | rumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 3 | 16 DATE OF DEATH |
| WIDOWED. | July 27 , 1985 / |
| male of lut OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That i attended the deceased from |
| . 190 | , |
| (Month) (Day) (Year) | that i jast saw halive on, 192, |
| 7 AGE If LESS tha | n and that death occurred on the date stated above, at |
| 3 0 yrs. mos. ds. or min. | |
| | |
| (a) Trade, profession or Laborer | Junch of wound in |
| particular kind of work & avrillo | head homicidal |
| (b) General nature of industry | (Duration) yrs. mos ds. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) greenstung. 7. C. | Secondary |
| | (Durstion) yrsmosds, |
| 10 NAME OF FATHER | (Signed) Jacob Hallmon Coroner M. D. |
| 11 BIRTHPLACE | - 192 (Address) Stemmers Run |
| of FATHER | |
| Z (State or country) | *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother 2 mlanown | 18 LENGTH OF RESIDENCE (For Hospitais, institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER 2 C | At place of deathyrsmosds. In the Stateyrsmosds. |
| (State or Country) | Where was disease contracted, if not at place of dea.h? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or |
| (Informant) Victoria Green | usual residence |
| B in mali | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Janguero | m. 6. Chuck tem. Bengus July 29, 1931 |
| 15 Filed July 27 1923 / J. Connelly | 20 UNDERTAKER ADDRESS 121 8 Police of the second of the |
| Registrar | Beron stright me Eldery & |
| If more branks are needed, address tate Kegistr | ar, 16 W. Saratoga St., Balto., Bequesting V. S. No. 1. |

07064

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. For persons who have no occupation Automobile factory. The materia (b) Grocery The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify ali "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | 57965 STATE OF MARYLAND |
|--|---|
| County Maryland | SE CERTIFICATE OF DEATH |
| | Registration Dist. No. 50 |
| Village or City Jowson (No. 2FULL NAME GLORGE GROOM | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, Married, Married, Millowed, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw harmalive on which is the last saw harmalive on the saw |
| 7 AGE 3 yrs. 3 mos. 14 ds. lf LESS than I day | and that death occurred on the date stated above, at 4,304 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | (Duration) vis. mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Treduich Strown | Contributory Secondary Durstion) M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) UM 12 MAIDEN NAME (A) | *State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Of MOTHER (State or Country) | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place in the of deathyrsmosds. Where was disease contracted. |
| (Informant) Frederich a Grown | if not at place of dea h? Former or usual residence |
| (Address) 5-28 Park an Town Mil | Parkwood Cer July 8, 1981 |
| Filed July 8 1821 Wir Presistras | John Bens Sing Touror. |
| If more b.anks are needed, addre.s Ltate Kegistra | 7, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ch fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Dimhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e, g., sepsis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. LARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (19) |
| County Baltimore | Registration Dist. No. 23 |
| / Village or City Rock Llale. | No. St., Ward |
| Length of residence in city or town where death occurredyrs,ymos | death occurred in a horpital or institution, give its NAME instead of street and number) 2. O ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME Holdie Virgie / | Lare. |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Filmale 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) 22 - 193/(Year) |
| 5a. It married, widowad, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY That I attended decessed from 21,1931, to Incl. 22,1931 |
| 6. DATE OF BIRTH (month, day, and year) Fiels - 16-1831 | 1 last sawh. Le alive on Jel 2, 1931; daath is said |
| 7. AGE Years Months Days It LESS than 1 day,hrs. | to have occurred on the date stated above, et _/ 2,20 P, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RDDKKFEPER etc. | Cocule Entero Colitis 9421-31 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK at | West was a second of the secon |
| 1D. Date daceasad last worked at this occupation (month and yaar) 11. Total time (years) spent In this occupation | |
| 12. BIRTHPLACE (city or town) manyland' (Stata or country) | Dthar Contributory Causes of Importance: |
| 13. NAME Cerre W. Hare 1. | |
| 13. NAME 14. BIRTHPLACE (city o (Xown) (Stata or country) 14. BIRTHPLACE (city o (Xown) (Stata or country) | Name of operation Date of Was there an autopsy? |
| 15. MAIDEN NAME Estie V M. Have | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Estie V. m. Hard 16. BIRTHPLACE (city or town) Maryland (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT. Gerry au Foare (Addrass) Presland R. 40. 2 | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Middle Lown Date July 24, 193 / | Manner of Injury |
| 19. UNDERTAKER Ry M Trabert (Address) Free and Ma. | 24. Was disease or injury in any way related to occupation of daceased? |
| 20. FILED July 23 , 1921 Lanuel Liller Registrar | (Signed) J. Magle M.D. (Addrass) New Firedow Ro |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Lout nume, etc. wounadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e g. Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enetc., Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. E..amples: Cerebrospinal. fe.er (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhcid fe.or (never report "Typhcid Pneumonia"); Lebar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of atic), American Medical Association.) st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "E :haustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY (secondar / "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) "Heart failure," "Haemorrhage, Chronic valvular affection need etc. The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificats is permanently filed.

| X | Exact | PLACE OF DEATH County Dalfemore | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|--|--|
| ORD | EXACTLY, I y classifled icate. | Village or City LANDOWNS SE 2FULL NAME GEOTH A. H | Registration Dist. No. (If death occurred in a hospital or institution, give its NAME Instead of street and number.) |
| 玉 | stated E | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| RMANI | ald be | S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attemded the deceased faor |
| S IS A PEF | d. ACE shous so that it me tructions on | 7 AGE (Month) (Day) (Year) (Month) (Day) (Year) (If LESS than I dayhrs. | that I last raw handlive on 30 1925, and that death occurred on the date stated above, at 150, m.m. The GAUSE OF DEATH * was as follows: |
| WRITE PLACY, WHITE PLACE, WEITE PLACE IN THE STATE OF THE | Every item of information should be carefully supplied. A CIANS should state CAUSE OF DEATH in plain terms so t statement of OCCUPATION is very important. See instruct | B OCCUPATION (a) Trade, profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) (Address) 15 (Address) 17 18 19 19 10 10 11 11 12 13 14 15 14 15 15 16 17 18 18 18 18 18 18 18 18 18 | Contributory Secondary Duration (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Where was disease contracted, if not at place of death? Former or usual residence. 18 PLACE OF BURIAL OR REMOVAL JULY 19.3. 20 UNDEBTAKER ADDRESS / 53.2. |
| T | Ä | If more branks are needed, address State Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| The sale | | All and a second a | |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housennaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foremun, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, without more precise specification as Duy For persons who have no occupation Laborer--Coal minc, etc. Wom-Locomotive engineer, 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

manently filed.

thoroughly and all qu stions

UREAU V. E.

(secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association)

It regularly follows the thoroughly and all question as a confidence will prevent further correspondence. All the confidence of the certificate and must be obtained before the certificate approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State NIEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage, as "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee Chronic on etc. valvular Nomenclature of the The contributory Always qualify all heart discase;

Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 (If death occurred in a hospital of institu-St.: Ward) tion, give its NAME in-In M. C. Heolous stend of street and number.) prop PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DR RACE S SINGLE. 3 SEX 4 COLOR 16 DATE OF DEATH MARRIED. be back WIDOWED. OR DIVORCED (Month Write the word) HEREBY CERTIFY, That Ε 6 DATE OF BIRTH ō that I hast sa Month) (Day) (Year) O and that death occured on the defa 7 AGE IIf LESS than I day hra. da. or min.? 6 OCCUPATION 00 (a) Trade, profession or particular kind of work 0 (b) General nature of industry D business, or establishment in (Duretion) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Duration) pino 10 NAME OF (Signed) M. D. FATHER 0 11 BIRTHPLACE OF FATHER RENT Discase Causing Death, deaths from Violent Causes, state (1) Means of Infur Accidental, Suicidal or Homicidal. -(State or country) 0 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER 00 ients or Recent Residents) ccui 13 BIRTHPLACE sta In the At plece OF MOTHER of deeth. yrs.........ds. State yra......ds. (State or country) should ent of 0 0 Where was disease contracted, of if not et place of death?... 14 THE ABOVE IS TRUE TO WE BEST OF MY KNOWLEDGE Every Item CIANS sho statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL more banks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er,' etc., without more record mine, etc laborer, Farm laborer, Loborer—Caul mine, etc Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serum, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer. Physician, Compositor, Architect, For many occupations a single word or term on 918). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, ma terial Granny

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Tuphoid to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia. Bronchopneumonia fever (never report "Typhoid Pneumonia") ("Pneumonia,

> tctunus) may be stated under the head of "contributory. carbolic acid-probably suicide. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles approved by Committee on as fracture of skull, and consequences (e. g., sepons, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association. Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic contributory
> on Namenclature of the
> sociation.
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> The correspondence. A. I the
> slam must obtained before the certificate is
> d. The nature of the injury, etc. valvular heart disease The Sorcoma,, etc., of " Shock," contributory

answered in detail, it permanently filed. If this certificate

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and

10 mos 2'

address tate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

number.)

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. nature of the business or industry, and therefere an additional line is provided for the latter statement; it the first line will be sufficient, e g. . Farmer or Flanter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. sary to know Civil engin er, Stationary freman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (2) household only (not paid Housekeepers who receive a report specifically the occupations of porsons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term en especially in industrial employments, it is neces-Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, As examples: (a) (b) Grocery;

Streement of Cause of Death—Name, first, the pic-EALS (AUSING DEATH (the primary affection with respect to time and causaction), using always the same accepted term for the same disc se. Examples: Carebrospindal fever (the only definite synonym is "Epidemiz cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "eontributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "I haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomeausing (secondary or intercurrent) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, talen. For violent deaths state means of inju.; Y State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronehopneumonia (secondary), cough; Chronic Example: Measles (disease etc. affection need valvular The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | 1 DI ACE OF DEATH | | |
|-------|---|---|--|
| | | | |
| - | County Baltimore | | |
| / | | - | |
| Vil | age or City Arbutus (No. | | |
| | ² FULL NAME John Highgarger | | |
| | PERSONAL AND STATISTICAL PARTICULARS | | |
| | white widower or Divorced | | |
| 6 1 | | - | |
| | (Month) (Day) , 185 | 2 | |
| 7 / | l day hr | 3. | |
| (p | CCUPATION 1) Trade, profession or articular kind of work 2) General nature of industry usiness, or establishment in | | |
| 9 E | (State or country) Maryland | | |
| | 10 NAME OF FATHER Daniel Highgarger | | |
| RENTS | OF FATHER (State or country) Maryland 12 MAIDEN NAME | | |
| PA | of Mother Catherine Long 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | | |
| 14 | (Informant) Mrs Verne King, | | |
| 15 | (Address) 12 Leeds Ave, Arbutus | | |
| | Villa 3 S Mass A A A A A A A A A A A A A A A A A A | PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE White White Whower OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE 16 LESS tha I day hr Or min. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Daniel Highgarger 11 BIRTHPLACE (State or country) Waryland 12 MAIDEN NAME OF MOTHER Catherine Long 13 BIRTHPLACE (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Verne King, (Address) 12 Leeds Ave., Arbutus | |

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16 DATE OF DEAT

that I last saw he

and that death occi

The CAUSE OF DE.

Contributory Secondary

Violent Causes, Accidental, Suicida 18 LENGTH OF R

(Signed)

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration D | ist. No |
|--|---|
| St.:Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| CAL CERTIFICATE O | F DEATH |
| July | 1 , 193.1 |
| (Morth) | (Day) (Year) |
| 1931 to Jan | 198/ |
| 1931 to Januaries on Juried on the case stated | 1, 193. |
| arred on the date stated | above, at 840Pm |
| ATH * was as follows: | |
| uselero | ses x |
| ue my | 9 Cardely |
| Chrone V | yrsds, |
| throng V | rephrite |
| Domin 2 | lu mos ds |
| the | lu M. D. |
| (Address) 157 | a, honde |
| l is ase Causing Death, state (1) Means of Inju- l or Homicidal. | or, in deaths from ary and (2) Whether |
| ESIDENCE (For Hospital | als, Institutions, Trans |
| 1 11- | |

| ients or Recent Residents) | |
|----------------------------|---------------------|
| At place | In the Stateyrsmosc |

Where was disesse contracted, it not at place of dea.h?.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Funkstown, Maryland

20 UNDERTAKER

usual residence.

Bernard A. Fink

If more blanks are needed, addre. s tate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housethe first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g: ged in domestic service for wages, as Servant, Cook, housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Locomotive engineer, As examples: (a) Grocery;

Statement of Cause of Dearh—Name, first, the DIS-BASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death -telanus) may be stated under the head of "contributory." American Medical Association.) earbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whoo ping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory " ctc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Statismus | CERTIFICATE OF DEATH |
| Mahma | Registration Dist. No. |
| Village or City(No | St: Ward) (If death occurred in a hospital or institu- |
| 2 FULL NAME Malinda H | or tion, give lts NAME li- stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| DATE OF BIRTH | May 5 1919. to 30, 1931. |
| (Month) (Day) (Year) | that I has saw has alive on July Z.S., 1923 |
| 7 AGE If LESS than | |
| l day hrs. ds. or min. | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION | Carlana Mara y Jaga |
| (a) Trade, profession or particular kind of work | - car account of fire |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Manual | Contributory Secondary |
| ID NAME OF FATHER | (Signed) M. D. |
| U II BIRTHPLACE | July 3 (Address) whey sally no |
| Z (State or country) | *Stats the Disease Causing Death, of, in deaths from Vicient Causes, state (1) Means of Injury and (2) Whether Ascidental, Suicidal or Homicidal. |
| of MOTHER WANTE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place of deathyrsmosds. |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) alys Horne Reessel | Former or usual residence |
| (Address) Jexas Mel | Forts lell Cemely any 1, 1952 |
| Filed My 31 1921 B Bernal Registry | 20 UNDERTAKER Chalinan Chresing M. |
| If more bianks are needed, address Ttate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

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(Approved hy U. S. Census and American Puhlic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may he entered as Housewife, Houseshould be used only when needed. As examples: (a) whatever, write None. business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, worked on may form part of the second statement. Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many Laborer-Coal mine, etc. Womnot gainfully em-Locomotive engineer, 6 material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved hy (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., o. Example: Measles (disease etc. valvular heart disease; The contributory ," "Convulsions,

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(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DIS-BAIS CAUSING DEATH (the prim_ry affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pidemonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature Chronic etc. The contributory valvular heart disease; Macasles;

and reciding detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1 >

| PLACE OF DEATH, County Jalto | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| Maniford 918 | Registration Dist. No. 44 |
| 2FULL NAME 2 + Ul Com U | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mel white or divorced the word) | 16 DATE OF DEATH ULY 79, 1923/ |
| 6 DATE OF BIRTH July 29th, 1931 | 17 I HEREAY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) 7 AGE | and that death occurred on the date stated above, at |
| yrsds. ormin.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Itill born infant |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion)yremosds. |
| 9 BIRTHPLACE (State or country) Md | Contributory Secondary Duration yrs de. |
| 10 NAME OF TATHER LATICIAL Jordan | (Girned) All Syrics M. D. Valy 30 1923 (Address) Aparens Pers |
| OF FATHER (State or country) OF STATES OF | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Mangary L Detman | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, it not at place of dea h? |
| (Informant) Marjaret L. Verlan | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Oppanyonsburt | Lent to Johns Hopkins 19 |
| 15 Filed July 927923, G Ab January | Maton Lateraton, |
| If more blanks are needed, addre.s Ltate Kegistra | r, 16 W. Saratoga St., Balto., Lequesting V. S. 1.0./1. |

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, er," etc., without more present a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, e. g.. Farmer or Planter, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery,

Stretement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros_inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

6

answered in detail, it will prevent further correspondence. All the

permanently filed.

(1) telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

V. S. No. 1 ä

should state of OCCUPA.

item of infor-

| STATE OF MARYLAND- | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 50 01910 51 |
| County Salemee | Registration Dist. No. |
| Village or City Owns Dill - | No. St., Ward |
| 2 | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city-or town where death occurred | sds. How long in U.S. if of foreign birth?yrsmosds |
| 2. FULL NAMELIN aslaged Hacson | asegyk. |
| (a) Residence: No. Our (Usual place of abode) | (St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH () |
| OR DIVORCED (write the word) | Feely 18 - 1931 |
| 5a, If magied, widowed, or divorced | (Monthy (Day) (Year) |
| HUSBAND of | 2 I HEREBY CERTIFY, That I attended deceased from |
| Jeon Racymaregyk. | July 1937 10 July 1931 |
| 6. DATE OF BIRTH (month, day, and year) | alive on; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 00 - ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Minage and a loss Minage |
| 9. Industry or business in which | In the second |
| kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific properties). | |
| 10. Date deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Cantribntary Canses of importance; |
| 12. BIRTHPLACE (city or town) | 0 |
| (State or country) 107 and | Cacusus - Mot. |
| 14. BIRTHPLACE (city of town) | |
| 14. BIRTHPLACE (city of town) | Name of operation |
| (State of country) To land. | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME CONP. | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| (State or country) [land. | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT LLUIS I Cary marry M. | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMAJION, DR REMOVAL | Manage of Indus. |
| Place Holy Possy Datuly 22, 1931 | Manner of injury |
| 47110 101 | (AA. |
| 19. UNDERTAKER 1990 Continue of the state of | 24. Was disease or injury in any way related to occupation of deceased? |
| 1.4 11 21 mh 19 11 | (Signed Hell 4: Atherisch M. |
| 20, FILED Registrar. | (Address) 13378 Clarbo PY |
| If more blanks are needed, address State Registrar | |

Hebbrie

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

SE 4 931 BUREAU V.S.

9.—The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

To be complete, an occupation return must state:

11.-The number of years the deceased followed the occupation. 10.-The month and year the deceased last worked at the occupation.

e particular kind of work done and return that, as spinner, weaver, etc. r stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etg.

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk.

| I year | รทุ <i>นองมุร</i> ณ) | 8261,1 yoM | Garles Since |
|----------------|--|---------------|--|
| | Other contributory causes of importance: | | Oth contributory causes of importance: |
| 3 व्याधिक स्थ | Pertinotris | LZGI'ghinf | Cerebral hemorrhage |
| I week ago | Hun over by street car | 1861 | Chronic interstitint nephritis |
| obv spom I | nock of epidepsy | 2161 | Arterioselerosis |
| Jeano to estal | The principal cause of death and related causes of importance were as follows: | feano to etad | The principal cause of death and related causes of importance were as follows: |
| | Example II | | Examble 1 |

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name-earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| | | | - |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

20 2

| PLACE OF DEATH | 07977 STATE OF MARYLAND |
|---|---|
| County Can o | @ CERTIFICATE OF DEATH |
| 1.110 | Ac (Registration Dist. No. 44 |
| Village or City Heleuge 6753 | tion, give its NAME in |
| 2FULL NAME Still tom | rufaut aufhold number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Su White Single Married, Widowed Or Divorced (Write the word) | 16 DATE OF DEATH ULY // TA , 1931 |
| B DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| July 11 12 1931 | |
| /(Month) (Day) (Year) | that I last saw halive on, 192 |
| 7 AGE If LESS than hav hrs. | and that death occurred on the date stated above, at |
| yrs. mos. ds. or min.? | T 20 1 |
| a OCCUPATION (a) Trade, profession or | I let bom infant |
| particular kind of work | (3 mo) |
| (b) General nature of industry business, or establishment in | (Duration) yrs mos de |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF | (Duration) yrs mos di |
| FATHER Mu Raughall | (Signed) 77 |
| O II BIRTHPLACE OF FATHER | *State the Piscase Causing Death, or, in deaths from |
| Z (State or country) Lenna | *State the Fiscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Man de Alprigher | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State or Country) Cerna | of deathyrsmosds. Stateyrsmosd Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea h? |
| (Informant) Maule A Kaushols | Former or usual residence |
| (Address) St Nelina | Deut to Johns Hopkins, 19 |
| 15 File July 12 19231 9 Hall minks | andem Lateralon |
| If more banks are needed, addre.s tate Kegistra | r, 16 W. Saratoga St., Balto., Lequesting V. S/10. 1. |

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return". Laborer,"". Forcman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart Always qualify all disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

American Medical Association.) 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, as fracture of skull, and consequences (e.g., sepsas Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid Inanition, "Atrophy," "Collapse," "Coma," "Convulsions," g cough; Chronic interstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valeular heart disease; Nomenclature of the Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions—answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance are as follows: | Date of onsot | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis () | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial apphittis | 1921 | Run over by street car | 1 week ago |
| Cerebry hemorringe Q. | July 5, 1927 | Peritonitis | 3 days ago |
| The Black Black | | | |
| Other contributory care of apportance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. SORD 3 TH UNFADING INK--THIS IS, A PERMAN WRITE PLA

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

| | 07890 |
|--|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Seltimore | CERTIFICATE OF DEATH |
| County | 7/ |
| | Registration Dist. No. |
| Village or City Galancelle (No. Chosby 2FULL NAME Flederick | Manual Carle (If death occurred in a hospital or Institu- tion, give its NAME ir- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 2 CEY A COLOR PACE 5 SINGLE, | 16 DATE OF DEATH |
| MIDDLE MIDDLE OR DIVORCE (Write the word) | Month) (Day) (Year) |
| STRATE OF BIRTH | THEREBY CERTIFY, That I attended the deceased from |
| Mul 72, 166 | (1) |
| (Month) (Day) (Year) | that I last saw h was alive on 1981, |
| 7 AGE // If LESS than | |
| off vrs. // mos. 4 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION | |
| (a) Trade, profession or | Chy, myelad lulama |
| particular kind of work (b) General nature of industry | |
| business, or establishment in | (Duration) 2 yrs. mos. de. |
| which employed or (employer) | Contributory acute delatetin heart |
| 9 BIRTHPLACE (State or country) | Secondary |
| 1 Covoravia | Duration) yrsmosde, |
| FATHER S | (Signed) M. D. |
| 1) BIRTHPLACE | July 13 1981 (Address) hypletus i / Sulu-Ra |
| of FATHER | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| W | |
| of MOTHER TARINA !! | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIPTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER | of deathyrsmosds. Stateyrsmosds. |
| (State or Country) | Where was disease contracted, if not at place of dea.h? |
| 14 THE ABOVE IS TRUE TO THE BEST OF THE BE | Formet or |
| (Informant) May 6. Morry | usual residence DATE OF BURIAL DATE OF BURIAL |
| latter sie Oel ment | 7/15/31 |
| (Address) (Address) | The country of the second |
| 15 Filed 7/14 199 All Smeller | INNII LIZER |
| Registrat | A. Supplied 1000 Glitger Class |
| If more banks are needed podre state Registra | r, 16 W. Saratova St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Jactory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Deal-,,, etc., report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (u) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicidc; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Meosles; inges, peritonacum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify al Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



W. S. No. 1

| STATE OF MARYLAND—CERTIFICATE OF DEATH 17981 | | | | |
|---|--|--|--|--|
| 1. PLACE OF DEATH | <u></u> | | | |
| county 18ALTIMORE | Registration Dist. No. 30 | | | |
| Village or City CAtoms x12/E | No. 618 PLymouth Rd St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| Length of residence in city or town where death occurredyrs,mos. | | | | |
| 2. FULL NAME FOWARD HENRY A | DENIG | | | |
| (a) Residence: No. 618 PL4 month Rd | St Ward. | | | |
| (Usuafplace of abode) | If nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | | | |
| MALE MAITE WIDOWED | (Month) (Oay) (Year) | | | |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from | | | |
| (OC) WHEO DOROTHY KOENIG 1884 | | | | |
| 6. DATE OF BIRTH (month, day, and year) July 29 1931 | i last saw h alive on | | | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. | | | |
| : 46 11 15 1day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: | | | |
| 8. Trade, profession, or particular Rind of work done as SPINNER ROLL R | ρ, | | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | LARGON MONOXIDE | | | |
| 9. industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc | GAS POISON | | | |
| 10. Oate deceesed last worked at 11. Total time (years) | | | | |
| this occupation (month and year) A PT 29 1931 spent in this 2548 | | | | |
| 12. BIRTHPLACE (city or town). BALTIMORE 7774 | Other Contributory Causes of importence: | | | |
| | | | | |
| 13. NAME FREDERICK US TO KOENIG | | | | |
| 14. BIRTHPLACE (city or town) CERINANY (State or country) | Neme of operation | | | |
| 15. MAIDEN NAME AMELIA BURKE | What test confirmed diagnosis? Was there an autopsy? | | | |
| D. H. Wall | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide: ACCIDENT Date of injury | | | |
| 16. BIRTHPLACE (city or town) 10/9 17/100 RE 1/100 RE | Where did injury occur? | | | |
| 17. INFORMANT HILDA STEIGLEMAN | (Specify city or towo, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| 17. INFORMANT / 1/40A OFFICEPNAN (Address) 6/8 Plymouth Rd | Specify whether injury occurred in INCOSTAT, in NOME, of INFORCE PEACE. | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | | | |
| Piace Jouden Park Dete 1/17 1931 | Nature of injury | | | |
| 19. UNDERTAKER H. C. BRAINNING WON. | 24. Was disease or injury in any way related to occupation of deceased? | | | |
| (Addiess) 1136 Roplar Roach | if so, specify of the specific | | | |
| 20, FILED 7/15- 193, 20 haden | (Signed) Librer Haysi County | | | |
| Old TRegistrar. | (Address) Tand allotown Mel | | | |
| If more blanks ar needed, addless State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2. | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. he particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | |
|--|---------------|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of importance were | of death and related causes as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | Manager and a second | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | | 1, week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | BILLEVII A 8 | A days ago |
| | | | 1861 6 1933 | |
| Other contributory causes of importance: | | Other contributory ca | uses of importance: | 1 |
| Guamones | May 1,1923 | Gastroenteritis | GBVIBURY! | 1 year |
| | | | The state of the s | |
| | | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ogo |
| Chronic interstitial nophritis | 1921 | Run over by street car | 1 week ogo |
| Corebral hemorrhage | July 5, 1927 | Perilonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | Moy 1,1923 | Gastrocnteritis | 1 year |
| | | | |

CERTIFICATE OF DEATH **2FULL NAME** prope PERSONAL AND ST. TISTICAL PARTICULARS 5 SINGLE. COLOR OF RACE 16 DATE OF DEATH 17 6 DATE OF BIRTH (onth) (Day) that I last saw hat 7 AGE IIf LESS than I day hrs. RESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Signed) 1920 (Address) 11 BIRTHPLACE OF FATHER S (State or country) Accidental, Suicidal or Homicidal. R 12 MAIDEN NAME ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of deathyrs......mos..... (State or Country) 00 Where was disease contracted, 3 if not at place of death?.. 14 THE ABOVE IS TRUE TO Former or usual residence (Address Filed Registrar

Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME it stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Dav) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: (Duration) State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury and and (2) Whether LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the If more banks are needed addre Charle Degistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic affection need not be etc. The contributory valvular heart

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TIFY. That attended decoased from

Oata of onset

What test confirmed diegnosis?_____ Was there en autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide?______ Oete of Injury______ 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

| To be | complete. | an | occupation | return | must | state: |
|-------|-----------|----|------------|--------|------|--------|
|-------|-----------|----|------------|--------|------|--------|

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
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| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Garmones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

S. No. 1

N. B.

| PLACE OF DEATH County Balto: Village or City Fullerlas (No. Belai 2FULL NAME Desley Froh | St.: Ward) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, MARRIED, WIDOWED. Surgle OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Monty) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from 192, 192, that I last saw h |
| 7 AGE 6/ yrs. // mos. 26 ds. lfLESS than l day hrs. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Mdd | Durstion) Journal dead 10:15 H. M. 7/6/3/ (Durstion) (Durstion) |
| 11 BIRTHPLACE OF FATHER (State or country) Batto. Co. Maryland | (Signed) |
| of MOTHER Mary 6. Sterling 13 BIRTHPLACE OF MOTHER (State or Country Balts, Co. Marchand, | 18 LINGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents) At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of des h? Former or usual readence |
| (Address) 635 S. Hanover St. Filed 7/X 7 1923/ J. Q. Finto M. Q. | Parkwood Cemetery 20 UNDERTAKER Parkwood Cemetery ADDRESS |
| Registra | Fuduich Localus for \$\forall 401 Belair Rd , 18 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the scoond statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., without index process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write None. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept: ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros s, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "E :haustion, tclanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; "Heart failure," "Ilaemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart Always qualify all disease;

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V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH | | |
|---|---|--|--|
| PLACE OF DEATH | <u>(2)</u> | | |
| County Callyword | Registration Dist. No. 30 | | |
| Village or City Elleherter | NoSt.,Ward | | |
| Length of residence in city or town where death occurredyrs, | (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? | | |
| FULL NAME Still Born Bake L | -1,000 | | |
| (a) Residence: No. Il llehester m | St. Ward. | | |
| (Usual place of abode) | If nonresident give city or town and State | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word) | 21. DATE OF DEATH (Month) 25, 193 (Year) | | |
| t married, widowed, or divorced HUSBANO ot (or) WIFE of | 22. HEREBY CERTIFY. That t attended deceased trom 25. 19.37 to July 25. 19.37 | | |
| ATE OF BIRTH (month, day, and year) 7 - 25 - 3 / | Hast saw h. In alive on July 25, 1931; death is said | | |
| GE Years Months Days It LESS than 1 day,h ormin. | ware as follows: | | |
| 8. Trade, profession, or particular kind ot work done, as SPINNER, | Date of onset | | |
| SAWYER, BOOKKEEPER, etc. | July borth | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc | | | |
| 10. Oate deceased last worked at this occupation (month and spant in this year) compation | | | |
| BIRTHPLACE (city or town). | Other Contributory Causes of Importance: | | |
| (State or country) | | | |
| 13. NAME Fred Liedwell | | | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation | | |
| 15. MAIDEN NAME / Selda / Selth | What test confirmed diagnosis? Was there an autopsy? | | |
| | 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? | | |
| 16. BIRTHPLACE (city or town) | Where did injury occur? | | |
| NFORMANT Frey Ledwelf (Address) Further med. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| BURIAL, CREMATION, OR REMOVAL Place St Mary's Cem. Oate 7-27, 193 | Manner of Injury | | |
| UNDERTAKER & Othe inhallow of (Address) Elliott Case | 24. Was disease or injury In any way related to occupation of deceased? MU | | |
| THEO July 26, 19 31 C Wattfeldt | (Signed) algebra n Herbert M. B. (Address) Selected Cette Vice | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes of importance were as follows: Date of onset | | | Example II | | |
|--|----------------|---------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | · Aug 4 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V. | July 5, 1927 | Peritonitis | 3 days ago | |
| | | in the second | | | |
| Other contributory causes | of importance: | | Other contributory eauses of importance: | | |
| Gallstones | • | Moy 1,1923 | Gustroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| WRITE PLALY, TH UNFADING INK-THIS IS A PERMAN | Every Item of Information should be carefully supplied. ACE should be stat CIANS should state CAUSE CF DEATH in plain terms so that it may be properatement of OCCUPATION is very important. See instructions on back of calls |
|---|--|
| | be be |
| MA | ay |
| ER | t n |
| 2 | at in |
| A | A th |
| 31 5 | 80 |
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HYSI-Exact

| PLACE OF DEATH County Ballimore | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| Village or City(No | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH 1931 |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH for Chin Balla Court, 192 (Month) (Day) (Year) |
| G DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from , 192 |
| 7 AGE 8 mo. gestation If LESS than 1 day hrs. or min.? | , |
| (a) Trade, profession or particular kind of work | Premeture delivery |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF NAME O. Martin | (Signed) (Nilip B. Towler M. P. Julian T. |
| OF FATHER MG. | *State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother William M. Berg. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Filed

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

In the

20 UNDERTAKER

At place of death ...

Former or usual residence.

ients or Recent Residents)

Where was disease contracted, if not at place of dea.h?.....

____yrs......ds.

ADDRESS

If more blanks are needed, addre. s taye Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the whatever, write None. Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy 6 For persons who have no occupation Automobile factory. The material Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institution, give its NAME in stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED Write the word) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from tha (Month) (Day) (Year) 7 AGE IIfLESS than and that death occurred on the date stated bove, at I day hrs. The CAUSE OF DEATH * terms _ds. |or ____min.? (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) I imp Secondary (State or country) DO 10 NAME OF FATHER 11 BIRTHPLACE o tal CAUSE OF FATHER *State the Discase Causing Death, or, in Violent Causes, state (1) Mesns of Injury and Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAM 0: 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-50 ients or Recent Residents) 13 BIRTHPLACE SO At place In the OF MOTHER (4) of deathyrs.......mos.......ds. (State or Country) 00 Where was disesse contracted, lans should tatement of EST OF MY KNOWLEDGE if not at place of dea.h?..... Former or usual residence. DATE OF BURIAL If more blanks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. Ito. I.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter tion applies to e.ch. and every person, irrespective ci state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Fore an," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal minc, etc. Wom-For many occupations a or At Home, and children, not gainfully emyrs). without more presse specification as Day For persons who have no occupation single word or term on Locomotive engineer,

s, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same acceptpneumonia, Bronchopscumonia ("Pneumonia,

tage established and tage (1881) and tage (188

must be abtai

prevent further correspondence. All the

ed before the certificate is

RECEIVED

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"(Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) (name origin; "Cancer" is less definite; avoid carbolic acid—probably swicide. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association, (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as THE STATE OF Example: Measles (disease The n ture of the injury, affection need thoroughly and all qu stions not be

2 S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Ball | CERTIFICATE OF DEATH |
| POLICE | Registration Dist. No. |
| Village or City au Lywy UdNo. 2FULL NAME Lorge M. U | St.: Ward) (If death occurred in a hospital or Institu- tion, give its NAME In- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH , 1931 , 1931 (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw have alive on fulfy 193/, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, atm, |
| 86 yrs. 25 ds. or min. | |
| a OCCUPATION (a) Trade, profession or 7 | desdelen |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | (Duration) yrs. T. mos. ds. |
| which employed or (employer) | Wind worm aday - |
| 9 BIRTHPLACE (State or country) | Contributory Secondary Of Land Contributory Secondary |
| 10 NAME OF TATHER We MC Lee. | (Signed) Heers Cleckle Grown M. D. Address) 3902 Grown D. B. D. |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Mc See | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place In the |
| OF MOTHER (State or Country) | of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Beo & Mc Gee | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) 5than Junsdrum | Woodlawn ben July 23, 137. |
| 15 Filed bely 52 1923 Ger & Miles | 120 UNDERTAKER ROLLSON 2238Whoth |
| If more blanks are needed, address thate Registre | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, whatever, write None. r," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term of especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar - pneumonia, Bronehopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The valvular Nomenclature heart contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

K. S. No. 1

| STATE OF MARVI AND | CERTIFICATE OF DEATH (7990) |
|---|---|
| 1. PLACE OF DEATH | CERTIFICATE OF BEATH (1750) |
| 72 0 1 1 | Paristration Diet Mr. 3 |
| County Baltimore Village or CitEUDOWOOD SANATORIUM, TOWSON, | Registration Dist. No. |
| village or CitEUDOWOOD SANATORIUM, TOWSON, (If | MD, No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 1/12yrsmos. | ds. How long in U. S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME De Ima Ozella | Mager |
| (a) Residence: No. 80 H Dorby | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Stearle Meto Cleaning 58. If merried, widowed, or divorced | (Montyl) (Day) (Year) |
| HUSBAND of Charles & Meyer | 22. I HEREBY CERTIFY Thet t ettended deceased from |
| | apr 36 1931, to July 15 ,1931 |
| 6. DATE OF BIRTH (month, day, end year) | I last saw h |
| 7. AGE Years Months Deys If LESS than 1 day,hrs. | to have occurred on the date stated ebove, at / @ m. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| 1 2 Trade profession or particular | were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER. | almoney and and 1938 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL BANK etc. | |
| | |
| 10. Date deceased last worked et this occupation (month and year) 11. Totel time (years) spant in this occupation | |
| B | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME B. Lee Wright. | |
| 13. NAME D. Lee Wright 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| (State or country) | What test confirmed diegnosis? Y May & Sal. Wes there an europsy? Ma |
| 15. MAIDEN NAME Elizabeth Miller | 23. If death was due to externel causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME Clark Muller 16. BIRTHPLACE (city or town) Tank to my Small | Accident, suicide, or homicide? Date of injury, 19 |
| - ((State of County) | Where did injury occur? |
| Hospital Records-Personal History | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) UWOOD SANATORIUM, TOWSON, MD, | |
| 18. BURIAL, CREMATION, OR REMOVAL Place The Cornel Date Ly LK 19.56 | Manner of Injury |
| Oke / | Nature of injury |
| 19. UNDERTAKER TO MYO COOTS | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Bally March | (Signed) A Charles M. D. |
| 20. FILED holy 15 , 190/ Let Court | (Viginos) |

Registrar.

(Address) Eudowood San Towson, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|--------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | The transfer of the first of th | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Filed

| | 1PLACE | OF DEATH | | 6799 | STATE OF | MARYLAND |
|------------------|-------------------------------|--|--|-------------------------------|--|--|
| County Baltimore | | (3I) | | FICATE OF DEATH | | |
| Yil | | Stemmers R | un (No. Trumps M E MILLER | ill Road | St.: Ward | d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | PERSO | NAL AND STATIST | ICAL PARTICULARS | MED | DICAL CERTIFICATE | OF DEATH |
| | emale | 4 COLOR OR RACE | SSINGLE, Married, Wildowed. OR DIVORCED (Write the word) | 10 | July 6th, | , 19 X31 (Day) (Year) |
| 6 | DATE OF BIR | | 3th, (Day) (Year) | 17 I HER | EBY CERTIFY, That I at | ttended the deceased from |
| | AGE | | mos23_ds. If LESS the l dayhr ormin | s. The CAUSE OF D | ecurred on the date state | |
|) (b | b) General n usiness, or e | ofession or d of work At. ature of industry stablishment in ed or (employer) | Home | Chro | nee MlcsM | Mush phul |
| _ | STATE OF COL | | re. Md. | Contributory Secondary | Mycard (Duration) | infraffeen |
| No-solito, | 10 NAME O | Thomas Ki | | (Signed) | 97. ((Address) | M.D. |
| ENTS | | r country) Irela | nd | *State the Violent Causes, | Disease Causing Death state (1) Means of I dal or Homicidal. | , or, in deaths from njury and (2) Whether |
| PAR | 12 MAIDEN OF MOTH | | Crawford | 18 LENGTH OF | RESIDENCE (For Hosp | itals, Institutions, Trans- |
| | | ACE IER Country) Virgi | nia | At place of death yrs | mosds. In th | e ateyrsmosds. |
| 14 | | Mr. Geo. M | of My Knowledge | Former or usual residence | | |
| | | ress) Stemmers | | 19 PLACE OF BUI | RIAL OR REMOVAL | July 10 19 31 |
| 15 | 7 | 10- 11 | 60 12 4 | 20 UNDERTAKER | el Cemetery | ADDRESS |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Belair

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Doy Compositor, Cotton mill; (a) For persons Stolionary fireman, etc. But in many (b) If the occupation has been changed Automobile foctory. The material Loborer-Coal minc, etc. Wom-Architect, who have no occupation Salesman. person, irrespective of Locomolive engineer, not gainfully em-(b) Grocery,

Statement of Cause of Death—Naine, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition, "Debility" ("Congenital," stated unless important. Example: Measles (disease American Medical Association. approved by (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was underperitonoeum, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Committee on etc., Chronic Carcinoma, "Senile," etc.), "Dropsy, ," "Coma," "Convulsions, etc. affection need not be valvular heart disease Nomenclature The contributory Always qualify all Sarcoma, etc., of Measles;

If this certificate is looked over monughly and all questions answered in detail, it wall prevent full per correspondence. All the data is essential and must be obtaine before the certificate is permanently filed.



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| PLACE OF DEATH County Ballo | © 07992 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| County Ballo | Registration Dist. No. 44 |
| Village or City Bengues (No. | St.: Ward) (If death occurr a hospital or in tion, give its NAM stead of number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Marrie OR DIVORCED Marrie | 16 DATE OF DEATH July 1/Day 193 |
| 6 DATE OF BIRTH Die 25, 187- | HERERY CERTIFY, That I attended the deceased |
| (Month) (Day) (Year 7 AGE If LESS th | han and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). | (Duration) yrs mas |
| 9 BIRTHPLACE (Ntate or country) Maryland 10 NAME OF | Contributory Secondary Duration Duration Duration |
| FATHER T. St. Clave Meal | (Signed) (XHUNG) Place |
| OF FATHER (State or country) Punguina | // violent Causes, state (1) Means of Intervand (2) whet |
| OF FATHER (State or chyntry) 12 MAIDEN NAME OF MOTHER Chyntrell Benovius 13 BIRTHPLACE OF MOTHER | *State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) whet Accidental, Suicidal or Homicidal. |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) when Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death yis |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Elizabell Benosius 13 BIRTHPLACE OF MOTHER (State or country) Menugland | *Styte the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Sients or Recent Residents) At place of death yis mos. ds. State yis mos. Where was disease contracted, if not at place of death? |

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of er," etc., without more precise specification as Hay taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Seruand, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Howsemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomstated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemie," "Weakness," etc., when a definite disease ", Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping or as probably such, if impossible to determine definitely approved by telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) Examples: Accidental drowning; Struck by railway train of "Tumor" for malignant neoplasms); Meusles; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need Committee on Chronic valender heart discuse; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

| | CERTIFICATE OF DEATH 07993 |
|--|--|
| 1. PLACE OF DEATH | 23 |
| County Baltimore Village or City EUDOWOOD SANATORIUM, TOWSON, | Registration Dist. No. St., Ward |
| 1.14 (II | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or lown where death occurredyrs,mos | ds. How long in U. S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Easther Meedle | man |
| (a) Residence: No. 20 5 W. Kaulans (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Solution of Divorced (write the word) Single. | 21. DATE OF DEATH (Month) (Oay) (Year) |
| 5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of | 22. J I HEREBY CERTIFY. That I attended deceesed from |
| 6. DATE OF BIRTH (month, day, and year) July - 1913 | Hast eaw h & Y alive on Lealy & 193/ death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence |
| 8 Trade profession or particular | Tulmoray Tuberentoni Date of onset |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at this occupation (month and | |
| 10. Oate decesed last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation | |
| 12. BIRTHPLACE (city or town) Calfernatt (State or country) | Other Contributory Causes of importence: |
| 13. NAME Boris needlessan | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Neme of operation |
| (State of country) | What test confirmed diagnosis? Y Yellow Was there an eu opsy? Was there and eu opsy? It is |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) | 23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? |
| 1 (State of County) | Where did injury occur? (Specify city or town, county and State) |
| Hospital RecordsPersonal History Address EUDOWOOD SANATORIUM, TOWSON, MD | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Selvew Porestole July 8, 1981 | Manner of injury |
| 19. UNDERTAKER S- Levinor Bru- (Address) 1/2 7/6/2 land St Ballo ma | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED July 8 , 1991 It's P. Buch | (Signed) / / / / / / / / / / / / / / / M. O. (Address) Eudowood San , Towson, Md. |
| To the transfer of the transfe | No. 10 Page 19 |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| E | xample I | - | Example II | |
|---|------------------------|---------------|--|---------------|
| The principal cause of dea of importance were as follows: | th and related causes- | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | BECO | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1931 | 1931 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 1 1118 | July5,1927 | Perilonitis | 3 days ago |
| | THE TANK | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | A CONTRACTOR OF THE STATE OF TH | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLA

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4. S. No. 1

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| PLACE OF DEATH | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| County Baltimore The Sheppard & Enoch Pratt Hospital | 40 |
| | St.: Ward) (If death occurred in a hespital or institution, give its NAMK instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4 Color OF RACE 5 SINGLE. MARRIED. WITH STANDER 5 SINGLE. WITH STANDER 5 SINGLE 5 SINGLE | July 21 , 1931 (Month)—(Day) (Year) |
| 6 DATE OF BIRTH | July 28 192 9 to July 21 192 31 |
| July 6 , 1907 (Month) (Day) (Year) | that I last saw h im alive on July 21 , 1973] |
| 7 AGE 15 If LESS than I day hrs. or min.? | The CAUSE OF DEATH * was as follows: Pulmonary tuberculosis. |
| B OCCUPATION (a) 1 rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Unknown (Duration) yrs. mas ds. |
| 9 BIRTHPLACE (State or country) Philippine Islands | Contributory Secondary (Duration) Ourselon Ourselon |
| FATHER Sergio Osmena | (Signed York W: C. Change Enoch July 22 19-31 Address) Pract Hosp. Towson. |
| OF FATHER Philippine Islands (State or country) 12 MAIDEN NAME Estefaina Rosales | *State the Disease Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER Velosa | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or country) Philippine Islands | At place of death. 1 yrs. 1 mos. 24 ds. In the State yrs |
| (Informant) The BEST OF MY KNOWLEDGE | Where was disease controcted, Unknown. if not st place of death? Former or Philippine Islands 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | Manila. P. I. Jaly 23, ,31 |

Filed 7/23 Registra If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

UNDERTAKE

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: /a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. not gainfully em-(b) Grocery, The quesmuterial engineer,

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebray sidel fever (the only definite synonym is "Epidemic cerebray sylinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suscide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, STICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonities," etc. State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age, " "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by telunus) may be stated under the head of "confributory." causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by roilway traincan be ascertained Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature as the cause. Chronic valrular heart disease; etc. The contributory Always qualify all Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it he data is essential and must be obtained before the cartificate is permanently filed.

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| PLACE OF DEATH County County | | 07995 947 | STATE OF I | |
|---|--|---|---|---|
| Village or City June | Sha. B | alnew PD | Registration I | (If death occurred in a hospital or institu- tion, give its NAME is |
| 2FULL NAME | ez var | ker | *************************************** | stead of street and number.) |
| PERSONAL AND STATISTIC | | MEDICAL | L CERTIFICATE C | OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 | SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH | 7/22 | (Year) |
| 6 DATE OF BIRTH Selot (Month) | (1 30- /9,0 ₁ 6 (Year) | that I last eaw h | TENTIFY, That I atte | 7 2 192 , 192 |
| 7 AGE | (If LESS that | | | 10 |
| 24yrs. 10 m | l day hrs | . The CAUSE OF DEATH | | above, ath |
| (a) Trade, profession or particular kind of work | ousewip | Coron | any de | elusion |
| (b) General nature of industry business, or establishment in which employed or (employer) | | | (Durstion) | yrsds. |
| 9 BIRTHPLACE (State or country) | | Contributory Secondary | (Duration) | Ms. mos ds. |
| 10 NAME OF PONNIE | Parsons | (Signed) | (Address) 0 1 2 | Se Shar |
| OF FATHER Z (State or country) 12 MAIDEN NAME | 7 | | ase Causing Death, | or, in deaths from ury and (2) Whether |
| of MOTHER MAN | Junes | | | als, Institutione, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | 2 | At place of deathyrsmos. | ds. In the | yrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST O | F MY KNOWLEDGE | Where was disease contract if not at place of death?. | ted, | *************************************** |
| (Informant) Normi | e Parsone | Former or usual residence | | |
| (Address) June | Sta no. | Smith fue | L Q. | 9/26/, 193/ |
| 15 Filed 7/94/3/192 20 | Marina | Sound M. | Chare. | 658 h. Johnne |
| If more bianks are ne | eded, address State Registra | r, 16 W. Saratoga St., Bal | to., Requesting V. S | . No. 1. |

67995

N. B.-

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection measles (disease important. Example: Measles (disease contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| ED CTLY, PHY | assified. Exact | PLACE OF DEATH County Balturois Village or City Elling. | STATE OF MARYLAND CERT!FICATE OF DEATH Registration Dist. No. 30 St.: Ward) (If death occurred in a hospital or institution, give its NAME in- |
|--|--|--|---|
| MARGIN RESERVED FOR BINDING H UNFADING INKTHIS IS A PERMANIA hould be carefully supplied. ACE should be stated EXA | E OF DEATH in plain terms so that it may be properly clis very important. See instructions on back of certificat | Village or City Elicaty Ulayo. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARIED, WIRGWED, WIRGWE | St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the deceased from 192, to 2, 198, and that I last saw has alive on 192, and that death occurred on the date stated above, at 192, and 192, |
| PLAINLY, W | d state CAUS OCCUPATION | (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informate) (Address) (Address) Filed (July /6/198/ Address) Registrar | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents) At place of death |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. to report specifically the occupations of persons enr," etc., first line will be sufficient, e.g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery,

spinal meningitis"); Diphtherio avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pncumonia") pneumonia, Bronchopneumonia ("Pneumonia,

data is essential and must be obtained before the certificate is

permanently filed

answered in detail, it will prevent further correspondence.

as fracture of skull, and consequences (e. g., sepsis, -accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Exhaustion, Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all questions uswered in detail, it will prevent further correspondence. All the FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic valvulor heart disease; etc. The contributory Always qualify all

A&Co. 5-31 250B HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Nery item of MANS should statement of Registered No ... DEATH (If death occurred in a hospital or institution, give its NAME instead OF BALTIMORE: of street and number.) .mosds. How long in U.S. If of foreign birtb?.....yrs.....mosds. Length of residence in city or town where death occurred yrs ... (a) Residence: No (If non-resident give city or town and State) sual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS classi 5. Single, Married, Widowed, 4 Color or Race 21. DATE OF DEATH (month, day, year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from properly If married, widowed, or divorced HUSBAND of 19.3 / death is said l last saw b. alive on.. (or) WIFE of to have occurred on the date stated above, at. Z. J. J. Am. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of importance were as follows: Months Days If LESS than Years 7. AGE Date of onset 1 day,....brs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. 9. Industry or business in which

work was done, as siik mill, saw mili, bank, etc..... 10. Date deceased last worked at II. Total time (years) this occupation (month and spent in this occupation . 12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town) ... (State or country) 15. MAIDEN NAME

(State or country)

ee S

import

OF

state

(State or country) 17. INFORMANT

(Address) 18. BURIAL CREMATION, OR REMOVA

19. UNDERTAKER (Address)

Other contributory causes of importance:

Name of operation.

What test confirmed diagnosis

following

Nature of injury

(Signed)

Accident, suicide, or homicide?...... Date of injury 19...... Where did injury occur?.. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public piace.

23. If death was due to external eauses (violence) fill in also the

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?.. .llf so, specify

.Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find of the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example II Example I The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Chronic interstitial nephritis AUG 3 193 Run over by street car 1 week ago 1921 3 days ago Cerebral hemorrhage July 5, 1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: 1 uear Gallstones Mau 1, 1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| N | 0 | Exact |
|-----------------------------|--|---|
| | TECORD | of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-uld state CAUSE CF DEATH in plain terms so that it may be proposly classified. Exact |
| R BINDING | A PERMA | CE should be si |
| MARGIN RESERVED FOR BINDING | INKTHIS IS | ully supplied. A |
| MARGIN RE | H UNFADING | hould be careful CF DEATH in |
| | PI NLY, ITH UNFADING INKTHIS IS A PERMA NT ECORD | of information s |

| | (1/338 |
|--|---|
| PLACE OF DEATH 3 3 | STATE OF MARYLAND |
| County Balts. | CERTIFICATE OF DEATH |
| | Registration Dist. No. 4 |
| Village or City Middle River Han | few Rd, St.: Ward) (If death occurred a hospital or instition, give Its NAME is |
| 2FULL NAME Kachel Kop | stead of street as number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jerusle 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH July 20 , 1981 |
| (Write the word) | (Month) (Day) (Year) |
| abril 2 1862 | June 1st 1931. to July 20 , 1923 |
| (Mooth) (Day) (Year) | that Mast saw how alive on July 20 , 1923/ |
| 7 AGE 84 . If LESS than | and that death occurred on the date stated above, at . 9 . 7 |
| 8 4 yrs. 3 mos. /8 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION | (Mous Phaceonditis |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in | 9 — |
| which employed or (employer) | (Durstion) yrs. mos. |
| 9 BIRTHPLACE (State or country) Balto. Co, | Contributory Secondary (Duration) yre, mos. |
| 10 NAME OF FATHER ALL | (Signed), I flaile M. |
| O 11 BIRTHPLACE | 192/ (Address) Osaly, Telle |
| C (State or country) Jermany | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Rachel Green | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER OF MOTHER | At place In the of deathyrsmosds. Stateyrsmos |
| (State or Country) / Jackson 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| 9 . 011 | Former or usual residence |
| (Informant) Lengt | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Lock Raven m. 9. | His Church Cem. July 27, 193 |
| 15 1. he 2 20021 Id. 46 elle | 20 UNDERTAKER ADDRESS |
| Filed July 1921 July Registrar | John J. Connelly Cersy |

07998

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, 6 For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. | FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiby Committee on cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANBNŢ KECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

| 1. PLACE OF DEATH | - 93-0 |
|--|--|
| County Ballucere | Registration Dist. No. |
| Village or offarresouvelle | |
| 22 | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| | sds. How long to U.S. it at lareign birth?yrsmos |
| 2. FULL NAME Cheal Vrece | |
| (a) Residence: No. Harrage (Caual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| e. If married, widowed, or divorced | (month) (bay) (16a1) |
| (or) WIFE of the The Price | 22. HEREBY CERTIFY. Thet i ettended deceased fr |
| DATE OF BIRTH (month, day, end yaar) Lee 16, 1869 | Mast saw here alive on Jerly 15 1, 193 1; death is s |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 6/6/9 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date et on |
| 8. Trede, profession, or perticular kind of work done, as SPINNER. | Ught Chalahon of |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which | Keart - 7-5- |
| | |
| 10. Oate deceased lest workad at 11. Total time (yaars) | |
| this occupation (month and 7-5-3/ spent in this 2.5 | A |
| 2. BIRTHPLACE (city or town) Gallieur | Other Contributory Capses of Importance: |
| (State er country) | |
| 13. NAME Than Kelley | |
| 14. BIRTHPLACE (city or town) | Neme of operation |
| (State or country) Maryland | What tast confirmed diagnosis? Was thera an autopsyllar |
| 15. MAIDEN NAME PRAILED | 23. If death was due to external causes (VIOLENCE) fill in also tha following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Data of Injury, 19 |
| (Stata ar country) Therefore | Where did injury occur? |
| 7. INFORMANT 77. (Addrass) | (Specify city or town, county and State) Spacify whethar Injury occurred in INOUSTRY, In HDME, or In PUBLIC PLACE. |
| B. BURIAL CREMATION, OR REMOVAL | Mennar of injury |
| Plece/ Pardo Chappate /- 7-, 193 | Natura of injury |
| INDEDTAKED THE CONTRACTOR OF T | 24. Was disease or injury in any way related to occupetion of deceased? |
| 9. UNDERTAKER (Addrass) | If so, specify |
| o FILED My 6 / 193 (M) A. But ben | (Signal) - Illaulus, SM |
| | |

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find on the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | and the same of th |
| Ot contributory causes of importance: | May 1,1923 | Other contributory causes of importance: | 61 year |
| • | | | 7 i |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V, S. No. 1

| STATE | OF MAR | YLAND- | CERTIFICATE OF DEATH 08000 |
|--|--------------|-----------------------------------|---|
| 1. PLACE OF DEATH | | | 49) |
| County Baltimore | | | Registration Dist. Np. |
| Village or City Cockeysy | ille | | No. Sherwood Road 81. Ward |
| | | | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| | | | |
| 2. FULL NAME Gertru (a) Residence: No. Sherwo | | osser | Oi Ward |
| (a) Residence: No. Bit el WO | (Usual place | of abode) | St., Ward. If nonresident give eily or town and Sinte |
| PERSONAL AND STATIS | TICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH |
| Female White | | ngle | July 15th (Day) , 193 1 (Year) |
| a. If married, widowed, or divorced HUSBAND of | | | 22. HEREBY CERTIFY, That I atlended deceased from |
| (or) WIFE of | | | Och 1930 to Jucy 157 1931 |
| 6. DATE OF BIRTH (month, day, end yeer) | ct. 2. 1 | 874 | I last sew her alive on July 11 h, 1931; death is said |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 2:45 Pm. |
| 56 9 | 13 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | | | Cortenoma Marilo |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc | At Hom | LC | J |
| work wes done, es SILK MILL, SAW MILL, BANK, etc. | | | |
| 10. Date deceased last worked at this occupation (month and | 11. Total t | ime (years) nt in this | |
| year) | occ | upetion | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Balto | . Co. | | Cicule Shiving Euppression |
| (State or country) Md | 2 | | |
| 13. NAME Charles S. | | • | DAVO L. BASHONILLO |
| (State or country) | nsylvani | , & | Name of operation of a control Date of 1930 19 |
| 15. MAIDEN NAME Emma J. | Alder | | What test confirmed diagnosis? Management Was there an autopsy? 23. If death was due to external ceuses (VIOL ENCE) fill In also the Iollowing: |
| 16. BIRTHPLACE (city or town) Bal | | | Accident, suicide, or homicide? Date of injury 19 |
| (State or country) Md | | | Where did injury occur? |
| 17. INFORMANT Charles A. | Sacra | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| (Address) Cockeysvil | le, Md. | | |
| 18. BURIAL, CREMATION, DR REMOVAL Place Jessop Cemete | rvTulv | 1731 | Manner of injury |
| riace with the way of the way | O C | 0 | Nature of injury |
| 19. UNDERTAKER Tredunk Lan (Address) 7401 Belat | r Road | low | 24. Wes disease or Injury In any way related to occupation of deceased? |
| 1 | D O O | hasa | (Signed) Namel Of Of No. Small M. D. |
| 20. FILED 12/2, 19. 1. | 12 14 03 | mn Me | (Address) Takeon 24 A |

If more blanks are needed addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Date of onset | The principal cause of death and related causes | |
|---------------|---|---|
| | of importance were as follows: | Date of onset |
| 1915 | Attack of cpilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Approved by U. S. Census and American Public Health Assn.]

be taken to report specifically the occupations of vided for the latter statement; it should indicated thus: Farmer (retired, 6 yrs.). For persons ease causing death, state occupation at beginning of illness. If retired from business, that fact may be has been changed or given up on account of the DIS persons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occurate wife, Housework or At home, and children, not gain-Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Foreman, (b) Automobile factory. The material worked on may form part of the second statement. man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of who have no occupation whatever, write None. fully employed, as At school or At home. Care should receive a definite salary) may be entered as House-"Dealer," etc., without more precise specification, as Never return work and also (b) the nature of the business or inword or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner Cotton mill; (a) Salesman, (b) Grocery; (a) and therefore an additional line is pro-Cook, Housemaid, etc. If the occupation "Laborer," "Foreman," "Manager, Spinner,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Associastatement of cause of death approved by Committee Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State certained as the cause. Always qualify all diseases retion. ably such, if impossible to determine definitely. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as prob-For VIOLENT DEATHS state MEANS OF INJURY and qualicause for which surgical operation was undertaken. nephritis, etc. The contributory (secondary or interaccident; Revolver wound of head-homicide; "Inanition,

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

AUG A BOL

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| 1 Haltmars | CERTIFICATE OF DEATH |
| County | (8) |
| Vine Oraci | Registration Dist, No. |
| Village or City VILLS CVENCES | St.: Ward) (If death occurred In a hospitul or institution, give Its NAME i) |
| 2 FOLL NAME Well Com use | faul (Naigh) stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| Mall White OR DIVORED (Write the word) | 16 DATE OF DEATH Well, 1676, 1923/ |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY. That I attended the deceased from |
| Mes 1614 1921 | , 192, 192 |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE / If LESS than | and that death occurred on the date stated above, atm. |
| I day | The CAUSE OF DEATH * was as follows: |
| yrsmosds. ormin.? | |
| 8 OCCUPATION (a) Trade, profession or | D'Ul Com infant, (Vough) |
| particular kind of work | |
| (b) General nature of industry | (Duration) yrs. mos da. |
| which employed or (employer) | [My otan . / 3 m |
| 9 BIRTHPLACE (Ntate or country) | Contributory Secondary Al D. (Durstion) Trs |
| FATHER James Caugh | (Signed) M. D. M. D. |
| M II BIRTHPLACE | (Address) (Address) (Address) (Address) (Address) |
| Z (State or country) Ulma U | *State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Mean of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Trances a Barnes | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| of MOTHER Confland | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea h? |
| A (I) | Former or usual residence |
| (Informant) Thances M. Vaugh | 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL |
| (Address) Jones Crack | Sent to John Hopkins, 19. |
| 15 Filed well 17th 1923, MAR Competter | My offen Palandony ADDRESS |
| If more banks are needed, addre.s tate Negistra | 15 W Severage St., Balto, Lequesting V. S. I.o. 1. |
| If more blanks are needed, address tate Negistra | sy to me wellings with watering transferred to the transferred to |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, sary to know the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREA

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH/ Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED Write the word) 6 DATE OF BIRTH no (Month) (Day) (Year) and that death occured on the date stated above, at ... IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: min.? SERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) ID NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or, in deaths from Violent Caus-s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 20 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER State.....yrs.....mos.... of death yrs......ds. (State or country) should ent of OC Where was disease contracted, if not at place of death?.... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of Every item CIANS shot statement DATE OF BURIAL 19 PLACE OF 20 U If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

EXVCILL BHARE COKD H PMEADING IVK---IHIS IS A BEKNA d b'uoda 30 A should be carefully supplied noiteminolal to MKILE 15 "Y 8. -EA 1 1 C.W

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," et ., war., laborer, a tion applies fulness of v state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a he first line wal Foreman, sician, Compositor, engineer, Stationary fireman, etc. But in many For m or At Home, and children, not gainfully emo know be used only when needed. As e-amples : all especially in industrial employments, it is necesnal line is provided for the latter statement; it of the business or industry, and therefore an yrs). without more precise specification as Day specifically the occupations of persons en-2 who are engaged in the duties of the For persons who have no occupation (b) Automobile feetory. The material (a) the kind of work and also (b) the be sufficient, e. g.. Farmer or Planter, ecupations a single word or term on and every person, irrespective of drsuits can be known. ortant, so that the relative health. Laborer-Coul mine, etc. Architect, Locomolive engineer, (6) The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the primary affection with respect to the same accept to the same accept to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobur pneumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by Recommendations on statement tclanus) may be stated under the head of "contributory." "Exhaustion," "Hear", "Marasmus, atie), "Atrophy," "Collapse," "Coma," "Convulsions, "Debiaty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. carbolic acid—probably suicide. "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); Measles; approved Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Associatio If this certificate is look .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on cough; Chronic Example: Measles (disease " "Old Age, " "Shock," The nature of the injury, etc. valvular heart disease, The contributory Sarcoma,, etc., of nclature of the cause of

If this certificate is holder by before the partificate is answered in detail, it will network the prorrespondence. A lither data is essent al and must be obtain before the partificate is permanently filed.

| | sts UP | 1. PLACE OF DEATH | (94:a) |
|--------|---|---|--|
| | | County Callingone 0 33 | Registration Dist. No. 44 |
| | DCC OCC | Village or City Holle Harm Seach | " TO A O'A HOW IN |
| | shor of C | | death occurred in a perpital or institution, give its NAME, instead of street and number) |
| | 200 4 | Length of residence in city or town where deeth occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds |
| | Every CIANS ement | 2. FULL NAME DI W.D. Gobiuson | |
| | SIC ate | (a) Residence: No. 908 1. Tallerson a | Isley Ward. |
| U | CORD. Ever PHYSICIAN oct statemen | (Usual place of abode) | If nonresident give city or town and State |
| | act PEC | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | reco 7. PH Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) | 21. DATE OF DEATH |
| R | N I | Male While Havued. | (Yeer) |
| 3/ | T C L | 5a. If merried, widowed or divorced HUSBAND of | |
| 3 | A C T I assified. | (or) WIFE of Jottlack. Nobresion | 22. I HEREBY CERTIFY, That I attended deceased from |
| Z | CX. | Jan 27 1884 | I last saw h alive on |
| A | IS A PE stated E properly | 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than | to have occurred on the data steted above, at II Cam |
| K | IS A I stated proper ertifica | 11 (1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| F | IS sta | 8. Frede, profession, or perticular | were as follows: |
| | of pe | kind of work done, as SPINNER, Deutlist | arkress claratic Cardiovas evlar alis? |
| 되 > | 三 | 9. Industry or business in which work was done, as SILK MILL, | Caram Salar-E Sana Jog repair |
| Y | ould may back | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| コン | N H H | 10. Date deceased last worked at this occupation (month and 10, 2) | |
| 五 | 一日日日 | this occupation (month and 1931 spant in this Syre | Other Contributory Causes of importance: |
| 7 | tio A | 12. BIRTHPLACE (city or town) | augus Pertorio - ans. 11 |
| XII. | AD d. sd. s, s | (Stete or county) | , |
| K | NFADING pplied. AG erms, so the instructions | 13. NAME Kogan Robinson | \` |
| IA | Data " | 13. NAME ROGAL ROBUSON 14. BIRTHPLACE (city or lown) | Name of operation |
| | Sair | (State or country) | What test confirmed diagnosis? Was there an au opsy? |
| | X, WIJ carefull TH in pl ortant. | 15. MAIDEN NAME Kousa, a. Stiff | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| | INLY, W be carefu EATH in important. | 15. MAIDEN NAME LOUSA W. DUS | Accident, suicide, or homicide? Date of injury, 19 |
| | NLY, oe cal ATH nport | (State or country) | Where did injury occur? |
| | | 17. INFORMANT / Urs. Deptta Royrys | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| | Should OF D | (Address) 908 %. Patterion Carlas | 4 |
| | She She | 18. BURIAL CREMATION OR REMOVAL | Manner of injury |
| | SE | Plece Couron 1 au Dete 10, 19 31 | Nature of injury |
| | WRITE mation sh CAUSE C | 19. UNDERTAKER OF TECCHEL SOM | 24. Wes disease or injury In eny way related to occupation of deceesed 225 — |
| 0. | HOH | (Address) North Jaques | If so, specify |
| ů | B | 20. FILED July 9 1931 John & Connelly | (Signed) D. Nelson Care, M. |
| | Marie . | 20. FILED 4 , 195 / - Communication | 1214 At Pan Ol ST. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example H | | |
|---|-----------------------------|---------------|--|---------------|--|
| The principal cause of importance were as | f death and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | ilis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neph | rilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | AUG - 0 1831 | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory ca | BULLEA, uses of importance: | | Other contributory causes of importance: | | |
| Gallstones · | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| Mate- This patient was not seen by myself at any time but was treated by |
| Dr. T. C. Wolff 11 E Chase St. who left Baltinore for the month of hele - Below course |
| away robe givenfull information by Dr. Coell as to patients beaught attach |
| of anging and this liability to sudden death. |
| Ju Daso. |

1014 St. Parely

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registration Dist. No. -(If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH 193 / I HEREBY CERTIFY. That I attanded deceased from to have occurred on the date stated above, at ______ni The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset - Was there an eutopsy? /// (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE

BINDING

RESERVED

IARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attock of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| · | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

2

| PLACE OF DEATH | 08006 STATE OF MARYLAND |
|---|---|
| County 12 allimore | CERTIFICATE OF DEATH |
| | Registration Dist. No. 35 |
| Village or City onelande. | Sta Ward) (If death occurred is a hospital or institu |
| 2FULL NAME Mary Cathe | mie Royslan tion, give its NAME in stead of street encumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Famole White Michaeld Windowed OR DIVORCED (Write the word) | 16 DATE OF DEATH 27 (Month) (Day) (Year) |
| 6 DATE OF BIRTH CARLE 3 186 | 17 I HEREBY CERTIFY, That I attended the decessed from |
| (Youth) (Day) (Year | (that I lest saw h families on family 1927) |
| 7 AGE If LESS than dayhrs. | The CAUSE OF DEATH * was es foliows: |
| 8 OCCUPATION (a) Trade, profession or | Caronoma of Domach |
| particular kind of work | and five |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yra mos de |
| 9 BIRTHPLACE (State or country) Carroll Go Md | Contributory Sweondary Durstion) yre mos de |
| FATHER John Shearer | (Signed) Acotone M. D. Duly 27 1921 (Address) Henville Pa |
| OF FATHER (State or country) United States | *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. |
| of Mother Syda Menter | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trendients or Recent Residents) |
| OF MOTHER (State or country) United States | At place In the of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) George E. Royston | usual readence |
| (Address) Fine land Md | Freeland Md July 3 0. 103 |
| Filed July 30 193/ Samuel & Miller | R. W. Frabert Twiland |
| . If more blanke are needed, address State Registrat | r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer,'" Foreman," "Manager," 'Dealnature of the business or industry, and therefore an Ciril engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. not gainfully em-But in many (6) material Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; abar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition," "Marasmus,
> "Traemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ol as fracture of skull, and consequences (e. g., sepsis carbolic acid - probably suicide. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; * Committee "Heart failure," "Haemorrhage, Chronic Example: Measles (disease on The nature of the injury, etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Althe duta is essential and must be obtained before the certificate is parmanently fied.

[Approved by U. S. Census and American Public Health Asso.]

e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, esof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile pecially industrial employments, it is necessary to know (a), the kind of work and also (b) the nature of the business or industry, and therefore irrespective of age. For many occupations a single word or term on the first line will be sufficient, healthfulness of various pursuits can be known. occupation is very important, so that the relative ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginpersons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation taken to report specifically the occupations of ployed, as At school or At home. Care should be work, or At home, and children, not gainfully emnite salary) may be entered as Housewife, House only (not paid Housekeepers who receive a defiwho are engaged in the duties of the household factory. The material worked on may form part an additional line is provided for the latter state-The question applies to each and every person, write Nonc. For persons who have no occupation whatever, has been changed or given up on account of the Statement of Occupation .- Precise statement of be indicated thus: Farmer (retired, 6 yrs.).

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sareoma, etc., of......(name origin;

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mcre symptoms stated unless important. cough, Chronic valvular heart disease; Chronic as "Puerperal septicemia," "Puerperal peritoni eases resulting from child birth or miscarriage, ascertained as the cause. Always qualify all dis-"Weakness," etc., when a definite disease can be ondary or intercurrent) interstitial nephritis, etc. The contributory (secfor malignant neoplasms); Measles; Whooping "Cancer" is less definite; avoid use of "Tumor" statement of cause of death approved by Comcarbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the Revolver wound of head-homicide; Poisoned by drowning; Struck by railway train-accident; to determine definitely. Examples: Accidental HOMICIDAL, or as probably such, if impossible of injury and qualify as accidental, suicidal, was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation mittee on Nomenclature of the American Medical head of "Contributory." (Recommendations on Association.) Example: Meastes (disaffection need not be

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

REAU V.S.

V. S. No. 1

| County Baltiner & Village or City Spanows Formt | Registration Dist. No. |
|--|--|
| Village or City Sparrows Tomt | Registration Dist. No. |
| Village of City/ | |
| | No. 301-7- St., Ward |
| Length of residence in city or town where deeth occurred | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Thilip J. Schni | Eider. |
| (a) Residence: No.501-9 | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OB RACE, OR DIVORCED (write the word) Color of Divorced (write the word) | 21. DATE OF DEATH (Month) 3/25, 193/(Year) |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Lau Schneidel. | 22. 1 HEREBY CERTIFO, That I attended decresed from |
| 5. DATE OF BIRTH (month, day, end year) May 10 - 1859 | I last saw II m allve on July 30 193/ death is sai |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 57 30 Am. |
| 72 7 2/ 1 dey, hrs | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, es SPINNER, Kelve d SAWYER, BOOKKEEPER, etc. | (Pretral |
| 9. Industry or business In which | Hemmhage |
| work wes done, es SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked et this occupation (month end spent in this occupetion | |
| Man V. | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) | artino Schrovis |
| (State or country) | - Willro Dornoors |
| 13. NAME Thilip Schweder | |
| 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| (Stete of country) | What test confirmed diegnosis? Was there en eutopsy? A |
| 15. MAIOEN NAME TO String, | 23. If death was due to external ceuses (VIOL ENCE) fill In elso the following: |
| 15. MAIOEN NAME To Stanty, 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of Injury19 |
| (State or country) | Where did Injury occur? |
| 17. INFORMANT Moddle Schneider (Address) 50/- 7st | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Plece Care Lawn Oete [3. 193] | Menner of Injury |
| 19. UNDERTAKER TERRETICK Lassahn & Son (Address) 740 (Belair, Road) | 24. Wes disease or injury in any wey releted to occupation of deceased? If so, specify |
| 20 FILED 3 10+ July 1931 / DICLOSSICAL | (Signed) J. J. Junich M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Ex | cample I | | Example II | |
|--|---------------------------|---------------|--|---------------|
| The principal cause of dear of importance were as follo | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of enset |
| Arteriosclerosis | 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | DURG - | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BULLAU V. | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | 8 3 3 |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| Registration Dist. No. 3 CERTIFICATE OF DEATH Registration Dist. No. 3 Control of Street and a hospital or Instition, give its NAME stead of street a number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from the last saw has alive on the date stated above, at Stoppen and that death occurred on the date stated above, at Stoppen The CAUSE OF DEATH * was as follows: |
|--|
| MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MEDICAL CERT |
| MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 1 HEREBY CERTIFY, That I attended the deceased from the property of the p |
| (Month) (Day) (Year). 17 I HEREBY CERTIFY, That I attended the deceased from 1921 to find 1921 that I last saw has alive on 1922 and that death occurred on the date stated above, at 1923 |
| (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from 1921 to Authorize 1922 (1922) that I last saw have alive on 1922 (1923) and that death occurred on the date stated above, at 840 [Authorized] |
| that I last saw he alive on the date stated above, at |
| |
| |
| Lyphilis Tertiar, |
| (Duration) yrs. mos. 3 |
| Contributory Secondary |
| (Signed) Det E Gardon M. Alle 3/1928/(Address) Barron Sulle 21 |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Truients or Recent Residents) |
| At place of death |
| former or usual residence |
| Holy Redemel Cernely aug. of Burial |
| Juney Heck dens In 1301 & Langer & |
| 1 |

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise creating, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart diseose; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Stated EXACTLY. PHYSICIANS successified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-BINDING See instructions on back of certificate. FOR MARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

V. S. No. 1

Z

| | STATE | OF | MAR | YLAND- | CERTIFICATE OF DEATH |
|--|--|-----------|-----------|---|---|
| 1. PLACE | OF DEATH | | | | 45 |
| County_ | Baltimore | | | | Registration Dist. No. 43 |
| Village o | r City. Fulleri | on. | | | No. Putty Hill Ave. St., Ward |
| Length of | residence in city or town wh | ere death | occurred | | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosmosds. |
| 2. FULL N | AME Cather | ine | M. Sc | chrenker | |
| (a) Resi | dence: No. Putty | Hil | 1 Ave | of abode) | St., Ward. If nonresident give city or town and State |
| PERSO | ONAL AND STATE | STICA | L PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX emale | 4. COLOR OR RACE White | | | RIED. WIDOWED. (write the word) Led | 21. DATE OF DEATH July 22nd, (Day) (Year) |
| HUSBANO d | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Benjamin G. Schrenker | | | | 22. I HEREBY CERTIFY, That lattended deceased from 19.3/, to 2007 19.3/ |
| 6. DATE OF BIRT | TH (month, day, end year) | Jun | e 27. | 1870 | I last sow h_ entire on 7 _ 22 _ 19 8 /; death Is said |
| 7. AGE | Years Months | | Days | If LESS than | to have occurred on the date stated above, at 10:30 fm. |
| | 61 | | 25 | I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, pr | rofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc | Но | us ewi: | re | facema of threat |
| NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE | or business in which was done, as SILK MILL, MILL, BANK, etc | | | *************************************** | |
| | 10. Oate deceased last worked at this occupation (month end year) | | | it in this | |
| 12. BIRTHPLACE (city or town) Balto. (State or country) Md. | | | | | Other Coutributory Causes of importance: |
| f3. NAME | | | | | |
| 13. NAME John P. Braun 14. BIRTHPLACE (city or town) (State or country) Unknown | | | | | Name of operation Office alege Oate of John Mattest confirmed diagnosis? Office Was there an autops? |
| f5. MAIDEN | 1 | | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Margaret Ruth 16. BIRTHPLACE (city or town) (State or country) Unknown | | | | | Accident, suicide, or homicide? |
| 17. INFORMANT Benjamin G. Schrenker | | | | ker | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Fullerton, Mg. 18. BURIAL, CREMATION, OR REMOVAL | | | | | Manner of injury |
| Place] | Parkwood Ce | n | Date July | 25.,.,1931 | Nature of injury |
| f9. UNDERTAKER | Fusinh 7401 Bela | La | Road | shal | 24. Was disease or Injury in any way related to occupation of deceased? 26 |
| 20. FILED | 1/24,1931 | a | tru | T. M.D. | (Signed) 7. 2, Holly M. O. (Address) 5103 Harrard Pd. M. O. |
| ц | | | | 1 | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, nill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid-conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | ED | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis Chronic interstitial nephritis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 3 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IN B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 08011 |
|--|--|
| 1. PLACE OF DEATH | (131) |
| County Ballo. | Registration Dist. No. |
| Village or City Travelson | No. 673/ Ascluray Que St., Ward of death occurred in a hospital or institution, give in NAME instead of street and number) |
| | s. ds. How long in U.S. if of foreign birth?yrs mos ds. |
| 2. FULL NAME Theresa Schroede | |
| (a) Residence: No. 6731 Pailway ave | St., Ward. |
| (Usual place (abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 9 - 15 - 31 |
| Homale White Widow | (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22, IMEREBY CERTIFY, That Vottended deceased from |
| (or) WIFE of the late Frederick W.T. Schro | 22. I BEREBY CERTIFY, That lattended deceased from |
| 5. DATE OF BIRTH (month, day, and year) Oct 3 rd 1880 | Hast saw h. & alive on 7/14 19.34: death is sai |
| A. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 5.3 m. |
| 50 9 // 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 9 Trade profession or particular | Cherric culinalities Replintes |
| kind of work done, as SPINNER, heule Works | And murcadeles |
| 9 Industry or business in which | |
| work was done, es SILK MILL, SAW MILL, BANK, etc | |
| 10. Oate deceased last worked at this occupation (month end year) occupation . | |
| 4 January Consupation | Other Contributory Causes of Importence: |
| 12. BIRTHPLACE (city or town) August (State or country) | Hudastata Bren |
| | - Organizates fractionales |
| | To myth. |
| 14. BIRTHPLACE (city or town). Hungary (State or country) | Neme of operation |
| | What test confirmed diagnosis? Was there an autopsy? |
| | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 2 16. BIRTHPLACE (city or town) - Heurgary (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?, 19 |
| Sadalla Milatett | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) 67.91 Railway ave. | Specify whether injury occurred in invostrat, in nome, of in Poblic Place. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Sacred / Kart of Mary Oate July /7, 1951 | Nature of injury |
| Lille + Reiler duc. | 24. Was disease or injury in eny way related to occupation of deceased? |
| 19. UNOERTAKER | If so, specify |
| (Address) 40 d (10) ((VV)C) | |
| 20. FILED 7/6/3/9 Donlear | (Signed) M. I |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis . | 1 year |
| | | | |

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. XACTLY classificate. (If death occurred in a hospital er institution, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR-OR RACE (Month)may Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) (Year) and that death occured on the date stated above, at ... 9 Ilf LESS than 7 AGE I day hrs. or ____min.? RESERV (a) Trade, profession of particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer). Contributory BIRTHPLACE MARGIN Pa 10 NAME OF 0 ...192 ___ (Address) /.. II BIRTHPLACE *State the Discaso Causing Death/or, in HOL Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. RENT (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA 00 ients or Recent Residents) CCU Stal 13 BIRTHPLACE In the 0 Where was disease contracted, 0 if not at place of death? of shoi usual residence. DATE OF BURIAL Every CIAN: If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

relative to med 8/22/2,

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of oe gaged in domestic service for wages, as Nermant, Cook en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocity, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. Physician, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISTRACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); obbar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite discase 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. unqualified, is indefinite); Tuberculosis of Tungs, menapproved by telunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., separs, curbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection Chronic interstitial nophritis, use of "Tumor" for malignant neoplasms"; (Recommendations on statement of cause of death can be ascertained as the cause. American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Corna," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic valendur heart disease; Example: Measles (disease etc. The contributory Always qualify all need not be Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

STO

V. S. No. 1

| HYSI- | Exact | |
|--|---|---|
| Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact | cate. |
| be stated | be properly | statement of OCCUPATION is very important. See instructions on back of certificate. |
| SE should | nat it may | ons on ba |
| applied. A | terms so th | se instructi |
| sarefully st | H In plain | portant, Se |
| hould be | OF DEAT | Is very Im |
| f Information s | te CAUSE | NOITAGE |
| m of Info | hould sta | nt of Occi |
| Every Ite | CIANS 8 | stateme |

| | PLACE OF DEATH | USULO STATE OF MARYLAND |
|-----|--|---|
| | County Balto: | CERTIFICATE OF DEATH |
| | to the state of th | Registration Dist. No. 44 |
| | 1 Pover | |
| Vil | lage or City Middle Riven. | St:: Ward) (If death occurred in a hospitul or institu- |
| / | 2FULL NAME Saac Seide | stead of street and number.) |
| 11/ | 2FOLL NAME. | |
| 17 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 8 | SEX 4 COLOR OR RACE 5 SINGLE. | 16 DATE OF DEATH |
| 12 | nale Shite OR DIVORCED OR DIVORCED | 20 TW, 192 |
| _ | (Write the word) | (Month) (Day) (Year) |
| 6 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | Feb. 7 1882 | |
| | (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 1 | If LESS than | and that death occurred on the date stated above, atm. |
| | 1/a 1/2 I day hrs. | The CAUSE OF DEATH * was as follows: |
| | yrs. 4 mos. V ds. or min.? | |
| 8 0 | a) Trade, profession or | Sunshot wound in head |
| F | articular kind of work Jalesman | Sucide |
| | b) General nature of industry ousiness, or establishment in | (D: .) |
| 10 | which employed or (employer) | (Duration)yrs,mosds. |
| 1 | BIRTHPLACE. O 1 + | Contributory Secondary |
| | (State or country) OSallo | (Duration)yrsds, |
| | 10 NAME OF | (Signed) Jacob Hallman Coroner M. D. |
| | FATHER Harris Serdenberg | (Signey) |
| S | 11 BIRTHPLACE | 192 (Address) Themmers June |
| Z | OF FATHER (State or country) 2 k. | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| ARE | 12 MAIDEN NAME Bell Unto. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 0 | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER | At place of deathyrsmos,ds. In the Stateyrsmosds. |
| | (State or Country) | Where was disease contracted, |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| | (Informant) mis. Blanche Serdenberg | usual residence |
| | | 19 PLACE OF BURIAL OR REMOVAL , DATE OF BURIAL |
| | (Address) 2/07/ack are, | Nebrew Friendship ang. 19, 193/ |
| 15 | - Com 18 m3 / The G. homselle | 20 UNDERTAKER ADDRESS P |
| | Filed Cary. 18 1923 / Juny G. Ormelly Registrary | land Lordhein 40m 1902 Centroly |
| | If more blanks are needed, addre.s Ltate Registral | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| 1.1 | | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-6) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

taken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACOPDENTAL SUICIDAL, or HOMICIDAL, or as probably such if the possible to determine definitely. Examples: Acordent drowning, Struck by railway train—accident; Member wour of head-homicide; Poisoned by carbotic and—probably suicide. The nature of the injury, as Fracture of skull, and consequences (e.g., sepsis, teamus) in be stated under the head of "contributory." (Recommendation) on statement of cause of death "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

This tolk hoskenmon.

| TH UNFADING INKTHIS IS A PERMAN should be carefully supplied. ACE chould be to pearly supplied. | MLY, from ation |
|---|--|
| | WRITE PLATLY, TH UNFADING INKTHIS IS A PERMAN y Item of Information should be carefully supplied. ACE chould be NS should sixte CAUSE OF DEATH in plain terms so that it may be |

S. No. 1

2

| PLACE OF DEATH | 08014 STATE OF MARYLAND |
|---|---|
| County Ballimore | CERTIFICATE OF DEATH |
| | Registration Dist. No. 35 |
| Village or City Jury Wellano. | St.: Ward) (If death occurred in a hospital or institu- |
| 000 | tion, give its NAME I:- |
| 2FULL NAME Jacob Leon | Thayle number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX . 4 COLOR OR RACE 5 SINGLE, MARRIED, Single | 16 DATE OF DEATH |
| male White OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| July 28 , 1926 | July 28, 1931 to July 28, 1931 |
| (Mont) (Day) (Year) | that I last saw h Medive on July 28, 1901, |
| 7 AGE If LESS than 1 day | and that death occurred on the date stated above, at 12:35 m. The CAUSE OF DEATH * was as follows: |
| yrs. 6 mos. O ds. or min.? | |
| 8 OCCUPATION (a) Trade, profession or Quanta | Status Epileplicus |
| particular kind of work Round State pains | 7 |
| (b) General nature of industry choil business, or establishment in which employed or (employer) Ownigs hulls hull | (Duration)yrsmosde. |
| which employed or (employer) Ownigs hulls, hull | Contributory |
| (State or country) Baltimore, Ind | Secondary (Duration) |
| 10 NAME OF FATHER R | (Signed) Serge C. Welany M. D. |
| Jenjamin Strage | July 28 1931 (Address) Owing Swills, his |
| OF FATHER (State or country) Waryland | State the lisease Causing Death, or, in deaths from |
| TIZ MAIDEN NAME | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Leva Techt | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of death yre mos, de, ln the State yre o mos de, |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, Mulumuni it not at place of dea.h? |
| Anstitutional Records | Former or usual residence Baltimore Jud |
| (Informant) Received State (naiving | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL |
| (Address) School owing wills he | Hehewellt larne July 29. 193/ |
| 15 Filedate Dy 28, 1981, H. M. Slade | 20 UN DERTAKED ADDRESS ISTA |
| Registra | alluson 130 /1010 Balls |
| If more bienks are needed, addre.s State Kegistra | r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

"tired 6 yrs). For persons who have no occupation er," etc., without Laborer Coat muss, laborer, Farm laborer, Laborer—Coat muss, laborer, the laborer, the laborer at home, who are engaged in the duties of the fulness of various pursuits can be known. . The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (resary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the husiness or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile fuctory. The material Physician, Compositor, Architect, airst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerébrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis, can be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as Chronic interstitual nephritis, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) approved (Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on cough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| A- A- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 08015 |
|---|--|---|
| infor- state UPA- | 1. PLACE OF DEATH | |
| ould occ | County 2as Lucron | Registration Dist. No. 2 |
| E = | Village Dr City reevelle | No/26 Handhorn St., War |
| . S . / | | death occurred in a hospital or institution, give its NAME instead of street and number) ds. Howdong h U.S. If of foreign birth? |
| Every MANN Pement | She can make | · That less |
| ICI B | 2. FULL NAME PLANTES FIALLY | |
| | (a) Residence: Ng. (Usual place of abode) | St., Ward. V If nonresident give city or town and State |
| PH PH act | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| E C | 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yadi) (Yadi) |
| C T L sified. | 5a. If marriad, widowad, or divorcad HUSBAND of | 29 LUEBERY CERTIES TO LUCATION OF |
| A 4 8 | (or) WIFE of | 0 1 6 1 2 2 |
| | 6 DATE OF RIRTH (month, day and year) | Mast saw h was alive on 11 42 / 6 30 1, 19 ; daath is sal |
| d J d J erly | 7. AGE Years Months Deys If LESS than | to have occurred on the date stated above, at 1.1m. |
| IS A stated proper | I day, hrs. | The PRINCIPAL CAUSE OF DEATH and raisted causes of importance were as follows: |
| 20 | 8. Trada, profession, or particular kind of work done as SPINNER | Vremature berth Date of once |
| Hado | SAWYER, BOOKKEEPER, etc. | (6 mg) |
| NK-T should it may n back | work work as SILK MILL, SAW MILL BANK atc. | |
| Sh H | RO 10. Date decaasad last worked at 11. Total tima (years) | |
| - (+) +> - | year) occupation | Other Contributory Courses of importance |
| AG AG that so that ctions | 12. BIRTHPLACE (city or town) pescelle | Circle Country Castes of Importance. |
| ied. | | |
| UNFAI supplied. n terms, ee instru | II 13. NAME/MUTTE Suffey | |
| | 14. BirTHPLACE (city or town) | Name of operetion Data of |
| F To E | | What test confirmed diagnosis? Was there an autopsy? |
| 5 · 1 · 2 | I J. MAIDEN HAMING CONTROL OF THE STATE OF T | |
| ca TTH Por | O 16. BIRTHPLACE (city or town) | |
| | Marine Will 10: | (Specify city or town, county and State) |
| Should OF DI | 2. FULL NAME (a) Residence: Ng. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGES MARRIED, WIDOWED, OR DIVORCED (ward) S. If marriad, widowad, or divorced HUSBAND of (cr) hilfs of lown with the color hills of the color hills of the color hills of the color hills of ward done as SIK MILL, SAW MILL, BANK, atc. S. Trade, protection, or particular in the color hills of the color h | |
| E 0 | 18. BURLAL, CREMATION, OR REMOVAL | Manner of Injury |
| | Place College Charles Date July 10, 1931 | Nature of injury |
| WI nati | 19. UNDERTAKER Bolovardy C. Tob Lon | 24. Was disaase or Injury in any way ralated to occupation of deceased? |
| 8 | (Addrass) Charles Stier of Fred | ~ \$ //I_ / — |
| z | | |
| | Registrar. | (Address) - A-a |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis | 1 week ago |
|---|--|
| Run over by street car | 17 |
| | 1 week ago |
| Danitamitia | |
| 1 eruonus S A A V | 3 days ago |
| Other contributory causes of importance: | 5111 |
| Gastroenteritis 0313 | T yeared |
| | Other contributory causes of importance: |

Exact statement of OCCUPA.

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING IARGIN RESERVED mation should be carefully supplied. AGE should be

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

| CTATE | OF | MARYLAND-CERTIF | CATE OF | DEATH | 0801 |
|-------|----|-----------------|----------|-------|------|
| SIAIE | UF | MARYLAND—CERTIF | ICATE OF | DEATH | noni |

| 1. PLACE OF DEATH | AND CENTIFICATE OF DEATH 10001 |
|--|---|
| A | 35 |
| County/2achin | Registration Dist. No. |
| Village or City (Lace | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in chy or town where death occurredyr | smosds. How long to U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Lings Leon | and Shaller |
| 13/ 01 //- | |
| (a) Residence: No. 46 (Usual place of about | |
| PERSONAL AND STATISTICAL PARTICUL | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, OR DIVORCED (with | widowed. 1. DATE OF DEATH (Month) (Month) (New) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | I HEREBY CERTIFY. That Intended deceased from |
| 6. DATE OF BIRTH (month, day, end year) July 9, / | 93/ I last saw harmalive on harmalive of 193/; death is said |
| | f LESS than to have occurred on the date stated above atm. |
| 1 de or - | min was as follows: |
| 8. Trade, profession, or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | - Premature brit |
| 9. Industry or business in which work was done, as SILK MILL. | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | (6 Mg) |
| | nis |
| year) occupation | Other Cautributary Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 14. BIRTHPLACE (city or town) Maryland | Cu |
| 4 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Of therein In | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Mary (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| ∑ (State er country) | Where did Injury occur? |
| 17. INFORMANT MANUELLE SHEET | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Plate Kisley Chape ate July 11 | Nature of injury. |
| TO THE COUNTY OF | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so, specify 2 |
| 11.55 | a (Signed Par 2 Mayer M.D. |
| 20. FILED JUSTY (D., 19) 6.6. William | Registrar. (Address) Part le la brown My |
| If more blanks are needed, address | State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

| Example II | |
|---|-----------------------|
| of death and related causes as follows: | Date of onset |
| 1821 R | 1 week ago |
| | 1. week ago |
| /daVis | 3 days ago |
| causes of importance: | 1 year |
| | tauses of Importance: |

f. S. No. 1

| PLACE OF | DEATH |
|------------|---------|
| | |
| County 12a | ttimon. |
| | |

08017

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| 0 | Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH Jubre 14 131 | 16 DATE OF DEATH 13 13 17 1 HEREBY CERTIFY, That Tattended the deceased from 123 13 133 |
| (Month) (Day) (Year) | that I last of he has alive on Shully 13, 1831. |
| 7 AGE If LESS than I day hrs. mos. 28 ds or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Maryland. | Contributory 7 stal Livanition Secondary (7 months prinatury) Dystion) yra mos de. |
| TATHER Chroling Commands 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Shelma M Ray OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 Commands 14 Commands 15 Commands 16 Commands 17 Commands 18 Commands 19 Commands 19 Commands 10 Commands 10 Commands 10 Commands 11 Commands 12 Commands 12 Commands 13 Commands 14 Commands 15 Commands 16 Commands 17 Commands 18 Commands 18 Commands 18 Commands 19 Commands 19 Commands 10 Commands 11 Commands 12 Commands 12 Commands 13 Commands 14 Commands 15 Commands 16 Commands 17 Commands 18 Co | *State the Discase Causing Death, or, in deaths from Violent Caus.s., state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. |
| (Informant) # # Wade Ave. (Address) # # Wade Ave. (Filed 7/4 1925, Registrate | Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL New Cathedral Cm. 20 UNDERTAKER Charles W. Dill. Fredk, Ave. |

If more bianks are needed, addross state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been dianged definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, whatever, write Nonc. Physician, 20 For many occupations a single word or term on At Home, and children, not gainfully em-Compositor, Stationary fireman, etc. (not paid Housekeepers who receive a .trchitect, Locomolive engineer, As examples: (a) But in many The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal menin titi"); Diphtheria (avoid use of "Croup"); Typhoid fever (never rearrite "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," ele. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meusles inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, Examples: A ccidental drowning; Struck by railway train-Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis etc. affection need not be valvular heart The contributory diseuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 0801 |
|----------|-------------------------------|------|
| | | |

| Length of residence in city or four where death occurredyrs,mos. | Registration Dist. No. 35 No. St., Ward occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth? |
|--|---|
| Village or City Maryland Suite N (If death of Length of residence in city or only where death occurred yrs, mos. | No. St., Ward occurred in a hospital or institution, give its NAME instead of street and number) |
| (If death of Length of residence in city or low where death occurredyrs,mos. | occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or four where death occurredyrs,mos. | |
| of the state of | 7.1. |
| 2. FULL NAME POLICES - Vancey De | / conclusion |
| (a) Residence: No. | t., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Melute Surge. | DATE OF DEATH (Month) (Day) (Year) |
| 5e. If married, widowed, or divorced | |
| HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY. That I attended deceased from |
| & DATE OF RIRTH (month day and year) 1, 1, 28-1931 Past | t saw he alive on Lule 28 193/ death is said |
| STATE OF BARTIE (MOMINI, Gay, and your) | ave occurred on the date hated above, at 10105 Pm. |
| 1 day, 3 hrs. The | PRINCIPAL CAUSE OF DEATH end related causes of Importance |
| 8. Trade, profession, or particular | Date of onset |
| kind of work done, as SPINNER, None. | telectorio of Lungs. |
| 9. Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and spent in this | |
| year) occupation Othe | er Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Maryland do cue | |
| (State or country) | |
| 14. BIRTHPLACE (cit) or town). Maryland Dene Nem | |
| 14. BIRTHPLACE (city or town). Massylaud Due Nem | ne of operation |
| (State of country) What | t test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Kuth M. Werts 23. If | death was due to external ceuses (VIOLENCE) fill in also the following: |
| | dent, suicide, or homicide? |
| (State of County) When | (Specify city or town, county and State) |
| 17. INFORMANT MUSTER IN CALLED Specific (Address) | cify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE. |
| 10 DUDIAL OPENATION OF PENAVAL | iner of Injury |
| min MA - This Wid now Gely 29 1031 | ure of Injury |
| 19. UNDERTAKER Tografeusteur Dipioniaker 24. W. | as disease or Injury in any way releted to accupation of deceased? |
| 2 1 1 1 2 | (Signed) Part Maul Manub M.D. |
| 20. FILED LAT, 1931 Consults & Section Registrar. | (Address) & fortura bury . fal. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows; | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis A 103 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage RUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scream, Cook ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman, Laborerperson, irrespective of -Coal mine, etc. Womnot gainfully em-(6) Grocery,

Strtement of Cause of Death—Name, first, the pise EALE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condicough; Chronic etc. The valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the deta is essential and must be obtained before the certificate is permanently filed.

4

PLACE OF DEATH

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Gou | unty O | elleure - | •••• | | (48) | CERTIFICATE OF Registration Dist. | 160 |
|---|---|-------------------|--|---|---|---|--|
| Villa | age or City | Orfutus L NAME | mary (No | Frances | Stier | St.;Ward) | [If death occurred a hospital or institution give its NAME instead of street and number.] |
| | PERSON | NAL AND STATIST | CAL PARTICUL | ARS | | MEDICAL CERTIFICATE OF | DEATH |
| 3 SE | eneale | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the Wo | Shornes ord) | 18 DATE OF C | (Month) I HEREBY CERTIFY, That I | 16 , 194 (Day (Year |
| 6 DA | ATE OF BIRTH | Septem (Month | | , 1859 (Year) | Tune that I last saw | 73, 1937, to The | 9 16 ,19 |
| 7 AGE (MONTH) (Day (1ear) 1 LESS than 1 day,hrs. OR min.? | | | | | | n occurred on the date stated a F DEATH* was as follows: | bove, at 7.30 A |
| (a) Trade, profession, or particular kind of work. (b) General nature of Industry, Dusiness, or establishment in | | | | | Parc | cerona Cerrix (Duration) | v les |
| which employed (or employer) 9 BIRTHPLACE (State or country) 1 Ballewre - Med. | | | | | Contributo Secondary | | Tochexia |
| | 10 NAME OF William Jomart | | | | (Signed) | redeail. Beet | |
| ENTS | 11 BIRTHPLACE Baltimore, Md. (State or country) | | | | | | in deaths from Viol |
| PARE | 12 MAIDEN NAME Sarah Chesgrien | | | *State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidate, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSITOR RECENT RESIDENCE) | | | |
| | 13 BIRTHPLA OF MOTH (State or | ER Balt | imore, Md. | | At place of death | rs. 1 mos. 2 ds. State 7 | 3. yrs mos |
| | | William H. | | VLEDGE | Where was diseased if not at place of Former or usual residence | death? | |
| 15 | | Selma Ave., | Halethorpe | Fille | | KER//3/ | DATE OF BURIAL 19 |
| File | ed.) Assir | 14 more blanks | p. J. J. | REGISTRAR | Just) | 11/1/2013 | 1003 West Baltimore S |

(18020 STATE OF MARYLAND

from De Kieffe regardeny

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus." "Old Age," "Shock," "Uraemia," "Weakness." nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition." "Marasmere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "Dropsy," "Exhaustiou," (name origiu; "Can-The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 11802 OCCUPA PLACE OF DEATH Jo pinods Registration Dist. No. County item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (cwrite the word) (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBANO of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days The PRINCIPAL CAUSE OF DEATH and related causes of importance min. wera as follows Oate of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. CUPAT may 9. Industry or business in which should work was dona, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) ARGIN (State or country) HER 13. NAME See FAT 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Ë important Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or gowniry) Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation Natura of injury LION (Address) if so, specify (Signad) 20. FILED Registrar. (Address) If more blank are medel, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | | |
|--|--|---------------|--|------------|--|
| The principal cause of importance were a | of death and related causes s follows: | Date of onset | The principal cause of death and related causes Det of importance were as follows: | | |
| Arterioselerosis 5 | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronie interstitial nepl | irilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V.S | July 5,1927 | Peritonitis | 3 days ago | |
| | | J | | | |
| Other contributory ca | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| A | | | | | |

| | PLACE OF DEATH County Ballimin | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---------|--|--|
| Vi | O 1 and | Registration Dist. No. |
| | Village or City To och Peys Office Mo. M. S. 2FULL NAME Elias Buran | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Mala Color OR RACE 5 SINGLE, MARRIED, MIDOWED PROVINCED (Write the word) | 16 DATE OF DEATH July 28 , 193 / 192 (Month) (Day) (Year) |
| | 6 DATE OF BIRTH Washington, 1 (Month) (Day) (Year) | 17 1 HEREBY CERTIFY, That I attended the deceased from 2 192 to 192 to 192 that I last saw him alive on 2 11 1 192 192 192 192 192 192 192 192 |
| 7 | 7 AGE If LESS than I day hrs. ds. or min.? | and that death occurred on the date stated above, at 5 am. The CAUSE OF DEATH * was as follows: Mistral War use of hyport |
| 26 | (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or eountry) Mandaman | Contributory Routes allations Secondary Contributory Contributory Cont |
| PARENTS | 10 NAME OF FATHER Un En uni | (Signed) 28 1981 (Address) Laly olde M.D. Hug 28 192 (Address) Laly olde M.D. |
| | C (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of death |
| | (Informant) Henry Waight | if not at place of death? Former or usual residence |
| | (Address) Cockeyswille md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS |
| | Filed My 29 192 1 3 3 Semon MI Registran | Dm. C. Brooks Con Branks, med |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully embusine, that fact may be indicated thus; Farmer (re ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the should be used only when needed. As examples: (a) additional line is provided for the latter statement; i whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a (a) Foremon, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc report specifically the occupations of persons ento know For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been climped -Coal mine, etc. Womduties of the (b) engineer, Grocery

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria avoid use of "Croup"—; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

6

permanently filed

data is essential and must be obtained before the certificate in

(Recommendations on statement of cause of death American Medical Association.) sapproved by Committee on If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the as fracture of skull, and consequences (e. g., sepsis, corbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," causing death), 29 ds.; Bronchopmcumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, Whooping cough; Inanition, "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Conna," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., oi interstitial nephritis, or intercurrent) affection need Chronic valeulor heart discose, Example: Measles (disease etc. The contributory Nomenclature

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED Write the word I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) If LESS than 7 AGE and that death occurred on the data stated above, I day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or Country) Where was disease contracted, if not at place of death?.... usual residence DATE OF BURIAL CIA ADDINESS 20 MINDERTAKER Registrar If more bianks are needed, address Stars Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Process statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. (a) Foreman, Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the . E Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular Nomenclature The contributory Always qualify all heart not be disease;

If this certifiate is looked over thoroughly and all questions answered in de hartst will present further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

| PLACE OF DEATH | | 118024 | STATE OF I | MARYLAND |
|--|-----------------------------|---|---|---|
| County Ballinine | | | CERTIFICATE | OF DEATH |
| / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | (<u>85</u>) | Registration | Dist. No. 35 |
| Village or City Owings hulls | (No | t thinks to be determined the telephone of the appropriate system and | St: Ward | tion, give its NAM |
| 2FULL NAME Cattle | erene le | sar | m 100 0 0 000 0 0 0 0 0 0 0 0 0 0 0 0 0 | stead of street number.) |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDIC | AL CERTIFICATE | OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SIN | NGLE, C. Pa | 16 DATE OF DEATH | 00. | ., 2 |
| 2 WIL. To OR | DIVORCED rite the word) | *************************************** | July (Month) | (Day) (Yea |
| 6 DATE OF BIRTH | | | CERTIFY, That I att | |
| Wec | 10 , 1913 | 7 1 | 193/ . to Ju | / |
| (Moath) | (Day) (Year) | that I last saw h | alive on Jul | 1 1 19 |
| 7 AGE | | | red on the date stated | above, at 4.33 |
| 17 yrs. 7 mos. | | The CAUSE OF DEAT | H * was as follows: | |
| *************************************** | | OC-A | 0 5 4 | |
| (a) Trade, profession or June particular kind of work Rosews | east | Staters | piles | tiens |
| (b) General nature of industry Train | ing School | 0.00.000.000.000.000.000.000.000.000.000.000.000 | | .~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| business, or establishment in which employed or (employer) | 1 10 1.1 | | (Duration) | |
| 9 BIRTHPLACE | | Contributory | | |
| (State or country) maryla | nd | Secondary | (Durstion) | - mos |
| 110 NAME OF OO | | (Signed) | ne C. me | claire |
| FATHER John les | iar | O. Per 11 102 | (Address) O AN | in - Salino |
| U SI BIRTHPLACE OF FATHER | -ine hud | Atute the I | is use Causing Death, | or in deaths fro |
| 2. (State of Country) | more, hed | Violent Causes, st Accidental, Suicidal | ate (1) Means of In | njury and (2) Wheth |
| of MOTHER Word, Ha | selfarth | | SIDENCE (For Hospi | tals, Institutions, T |
| 13 BIRTHPLACE | | ients or Recent Re | | .7 |
| OF MOTHER Sallin | ine med | At place 9 yrs. 3 | Star | 17 yrs. 7 mos. C |
| (State or Country) | MY KNOWLEDGE | Where was disease contrit not at place of doa. | racted, Mules | ione |
| Institution | | Former or | Botanine | e Jul. |
| (Informant) | | usual residence | OR REMOVAL | DATE OF BURIA |
| Col ali | ing mills no | 19 PLAGE OF BURIA | L OR REMOVAL | 4/18 |
| (Address) Salvert ou | | | ou our | ADDRESS 201 |
| 15 Filed July 16, 19231. # | , M. Slade | 20 UNDERTAKER | Herwig | Orlean ! |
| If more banks are neede | d, address State Kegistrar, | 16 W. Sarafoga St., | Balto., I questing V. | S. I.o. 1. |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. greed in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully cmespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEARE CAUSING DEATH (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lear (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved "Enhaustion," "Heart failure," "Liaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary Chronie interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid by Committee on Nomenclature of the cough; or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT IN

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-GAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND | CERTIFICATE OF DEATH 08025 |
|--|---|
| / / / · | (181) |
| County Salleman | Registration Dist. No. |
| Village or City | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs | mosds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Therese | rebull |
| (a) Residence: No. 70 Sundalk | Quest. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo | rd) 1 . / |
| Temole White Widow | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| (or) WIFE of Mank Nebull | hely 11th 1931 to Inda 22md 1931 |
| 6. DATE OF BIRTH (month, day, and year) May 20 185 | Y last sawhere alive on July 22rdd 1931 death is said |
| 7. AGE Years Months Deys If LESS to | |
| 74 2 2 1 day, | was as follows: |
| 8 Trade profession or particular | Second degree Burns May |
| kind of work done, as SPINNER, Of house | Septic Sore Throat 9-10-31 |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and spent in this county). | |
| SAW MILL, BANK, etc | |
| this occupation (month and spant in this year) | |
| The state of the s | Other Contributory Causes of importance: |
| 12, BIRTHPLACE (city or town) (Stete or country) | Grondial Inelmonia 7-12-31 |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| E | |
| 14. BIRTHPLACE (city or town). (Stete or country) | Name of operation |
| | What test confirmed diagnosis? Trystal Laura Was there an autopsy? 1.0. |
| | 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? James Date of injury Was 1931 |
| State er country) | Where did Injury occur? |
| In Said Soul | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| 17. INFORMANT TO Que de la Come (Address) 70 de la Come | www. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury Rol with |
| Place Dete Dete Dete | -3-/- Nature of Injury |
| 19. UNDERTAKER John Wellrich | 24. Wes disease or injury in any way related to occupation of deceased? |
| (Address) 2008 Arcaus | If so, specify |
| 20. FILED 7/23/2 Domlarion | (Signed) Churchely M. D. |
| 20. FILED. Registr | ar. (Address) Deudolle, Man |
| If more blanks are needed, address State Reg | istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

h stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related caus of importance were as follows: | |
| Arteriosclerosis | 1915 | Attack of epilepsy | Eb 1 Week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago - |
| | | | tree to the same t |
| Contributory causes of importance: | 1 = 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

6. S. No. 1

23

2

| PLACE OF DEATH, | STATE OF MARYLAND |
|--|---|
| County Ballinne | CERTIFICATE OF DEATH |
| | Registration Dist. No. 3 |
| Village or City O hveny R.F.D | St.: Ward) (If death occurred in |
| | a pospital or institu- |
| 2FULL NAME William Flens | y Sumbaugh number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CENTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH |
| Male ulute WIDOWED. Married (Write the word) | (Moth) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CENTIFY, hat I attended the decessed from |
| (Oct 6 1858 | 195 N.O. May 1, 108 |
| (Month) (Day) (Year) | that I last saw h mallo on the last saw h |
| 7 AGE [If LESS than | and that death occured on the date stotel above, at |
| 72 yrs. 9 mos. 5 ds or min. | The CAUSE OF DEATH * was a Collows |
| AOCCUPATION A L | Classical Salt at tal Wellastic |
| (h) Congred patrice of industry | avite Regugitation |
| (b) General hature of muusity | - Coverage suggesting a |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos de. |
| 9 BIRTHPLACE | Centributery Secondary |
| (State or country) (Maryland | (Duration) yrs mos mos de. |
| FATHER MAAA HA | (Signed) (3, 18, 12eusm N. M. D. |
| FATHER WM Jurilangh | July 12 1931 (Address) Collegsule Me |
| OF FATHER (State or country) | State the Disease Causing Death, or, in deaths from Vicient Causes, state (1) Means of futury and (2) whether Acidental, Suicidal or Homicidal. |
| W 12 MAIDEN NAME | |
| of MOTHER Many Cooper | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs nos ds. State yrs de. |
| (State or country) | Where was disease contracted. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) (Mrs W Lumbaugh | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Preservy Mo | Truty Country July 14:03 |
| 15 Filed Ml / 2 1923/ BB Bernay | 20 UNDERTAKER ADDRESS |
| lefter Registra 1 | John Osurus to ms Journy Ma |
| If more branks are needed, address State Registras | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Caak, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc W Spinner, (b) Cotton mill; (a) Salesman, (b) Greery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," 'Manager," "Peuladditional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation -Coal mine, etc Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the bisers. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

g as fracture of skull, and consequences (c. g., sepset telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heart failure," "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (discuse use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely "Inanition, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; " "Marasmus," "Old Age," "Shock," Chronic etc. valindar heart disease The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) For persons who have no occupation Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasums,
"Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic etc. The contributory valvular heart Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| (| M | ery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-ANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact |
|-----------------------------|--|---|
| | CORD | EXACTL ly classifi |
| פט | Y L | be stated be proper |
| BINDI | A PERMA | E should |
| MARGIN RESERVED FOR BINDING | WRITE PLALY, TH UNFADING INK-THIS IS A PERMAN F I CORD | oplied. AC |
| RESERV | NG INK- | refully sur in plain to |
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| | Bal | DF DEATH timore | -0240 0 MANAGEN | | (18) | | ATE OF DEAT | H 4 |
|--|--|--|---|---------------------------------|---|---|--|---|
| Village or City Sparrows Point (No | | | | | St.: Ward) St.: Ward) a hospital or insting, give its NAM stead of street number. | | | AME |
| | PERSONA | L AND STATIST | CAL PARTICU | LARS | MI | EDICAL-CERTIFICA | TE OF DEATH | |
| s sex Fema | | White | S SINGLE, MARRIED, WIDOWED, MI OR DIVORCED (Write the word) | arried | 16 DATE OF DI | pury. | 28 , 1 | |
| 6 DAT | E OF BIRTI | н | | | | REBY CERTIFY, That | | |
| | | June | 26 | , 1912. | | 192 , to | | |
| 7 AGE | | (Month) | (Day) | (Year) If LESS than I day hrs. | and that death | occurred on the date at | stated allowestigs | |
| (a) parti (b) (busin | Trade, proficular kind General natiness, or esta | ession or Hous of work Hous ure of industry ablishment in | sewife | | Accid | ental Drowning. (Durstion) | +00,000 00 000 000 000 000 000 000 000 0 | |
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| (a) To partition whice whice some some some some some some some som | CUPATION Trade, proficular kind General natiness, or este ch employed THPLACE State or coun NAME OF FATHER BIRTHPLA | cession or of work House ure of industry ablishment in d or (employer) try) Penr Georg Iser CE R Penr CAMPE | sewife sylvaina nbock | | Contributor Secondary (Signed) *State t Violent Cau Accidental, State t Length O | (Durstion) (Durstion) (Duration) (Durstion) | yrs mos. Jyrs pros. Death, or, in deaths of Injury and (2) V | from |
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| (a) Tentil partition (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | CUPATION Trade, proficular kind General nation ness, or estich employed THPLACE State or coun O NAME OF FATHER I BIRTHPLA OF FATHE (State or coun OF MOTHE SIRTHPLA OF MOTHE SIRTHPLA OF MOTHE (State or Coun OF MOTHE (Informant) | cession or of work House ure of industry ablishment in dor (employer) try) Penr Georg Iser CE R COUNTY NAME COUNTY NAME COUNTY COUNTY NAME COUNTY | sewife sylvaina hbock sylvaina Hagenbuch sylvaina | EDGE | Contributory Secondary (Signed) *State Violent Cau Accidental, State Is LENGTH Office of death Where was diseasif not at place Former or usual residence | (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Address) (Address) (Bess, state (1) Means uicidal or Homicidal. (PF RESIDENCE (For ent Residents) (Durstion) (Address) (Burial (Residents) (Durstion) (Durstion) (Address) (Burial (Residents) (Durstion) (Durstion) (Durstion) | Death, or, in deaths of Injury and (2) V | from Whether as, Tr |

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additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engincer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material duties of the Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Chronic on etc. The contributory valvular heart disease; Nomenclature Measles; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

20. FILED July

stated

plnous

supplied.

mation should be carefully

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

| l. | PLACE OF DEATH | 33000 |
|----|--|---|
| | County Gallimore | Registration Dist. No. 4 4 |
| | Village or City Middl Bourogh | Barblimore County Molst, Warr |
| | Length of residence in city or lown where death occurredyrs, | (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U. S. it of foreign birth?yrsmosds |
| | O d d | |

| | | 21 | ddl | Bouron death occurred | | Danblimate County Modest, ideath occurred in a horpital or institution, give its NAME instead of street and in. ds. How long in U. S. if of foreign birth? | |
|--------------|--|--|--------------|--------------------------------|---|--|-----------------|
| | 2 | (a) Residence: No. PM | aric | Bowl (Usual place | | Ball. Stard. Md. If nonresident give city or town an | d State |
| | | PERSONAL AND S | TATIST | ICAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | N | Temale Un | RACE | 5. SINGLE, MARK OR DIVORCED | (write the word) | 21. DATE OF DEATH (Month) 4 th | . 193 (Year) |
| | | Il married, widowed, or divorced HUSBAND of (or) WIFE of | | Sept. | 1-3,077 | 22. 1 HEREBY CERTIFY, That t attanded 19 to 19 t | |
| certificate | 7. / | DATE OF BIRTH (month, day, and AGE Years | Months | Days | II LESS than I day, hrs. | to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causas of importance | ; death is sai |
| back of cer | PATION | 8. Trade, profession, or particu kind of work done, as SR SAWYER, BOOKKEEPER, 9. Industry or businass in whic work was done, as SILK | PINNER, Petc | lousen | ife | Acute Valvular Heart. | Date of onse |
| uo | 0000 | SAW MILL, BANK, etc 10. Date deceased last worked a this occupation (month ar year) | nt od | | ne (years) t in this pation | | |
| instructions | 12. | BIRTHPLACE (city or lown) (State or country) | Aus | tria | | Other Contributary Causes of importance: | |
| nsti | ER | 13. NAME Fran | le s | tenad | | | |
| See ii | FATH | 14. BIRTHPLACE (city or town) (Stata or country) | au. | stria | | Name of operation Date of Date of Was there an | |
| important. | 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town). Questria (State or country) | | | | 23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? | | |
| very in | | | nefixe | Wag | rer | (Specify city or town, county and Standstands (Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC Plants (Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC Plants (Specify city or town, county and Standstands). | LACE. |
| S | 18. | Place Place | | Date | , 19 | Manner of injury | |
| NOI | 10 | HADEDTAVED | 4. 9 | 4 3-03 | | 24. Was disease or Injury in any way related to occupation of deceased? | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specity (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if and related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of majortance were as follows: | Date of onset |
| Arteriosclerosis | 1315 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | D21 | Run er by street car | 1 week ago |
| Cerebral hemorrhage | July 0, 927 | Periloditis | 3 days ago |
| | 19 | \$ P. | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 928 | Caroenteritis | 1 year |
| | | The state of the s | |

V. S. No. 1

| WRITE PL. LY, TH UNFADING INKTHIS IS A PERMAN T CORD N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
|--|
| WRITE PL. LY, TH UNFADING INK-THIS IS A PERMAN T. BEvery Item of Information should be carefully supplied. ACE should be state CAUSE OF DEATH in plain terms so that it may be propertatement of OCCUPATION is very important. See instructions on back of ce |
| WRITE PLALY, TH UNFADING INK-THIS IS A PERSENCE OF OR BIR OF BLAND Should state CAUSE OF DEATH IN plain terms so that it statement of OCCUPATION is very important. See instructions or |
| WRITE PLALY, TH UNFADING INK-TH U.BEvery Item of Information should be carefully supplicable. CIANS should state CAUSE OF DEATH In plain term statement of OCCUPATION is very important. See In |
| WRITE PL LY, TH UNFADIN W.BEvery Item of Information should be called as should state CAUSE CF DEATH statement of OCCUPATION is very imposite the contract of OCCUPATION is very imposite to the contract of OCCUPATION is very imposite the co |
| WRITE PLOLY, OF U.B.—Every Item of Information s CIANS should state CAUSE statement of OCCUPATION is |
| WRITE PL. W.BEvery Item of Ir. CIANS should a statement of OC |
| V. BEvery |
| |

| PLACE OF | 1 1 | | | 00000 | STATE OF | MARYLA | ND |
|--|------------------------|--|-----------------|--|--|---|---|
| County | Tallen | use. | | (0) | CERTIFICAT | TE OF DE | ATH |
| | | | | (41) | Registratio | n Dist. No. | 41 |
| Village or City | In a | (No. 6825 | Holal | oird Ave. | St:Wa | tion, give i | occurred in or instituts NAME in street and |
| ² FULL N | NAME GO | | very | <u>G.</u> | *************************************** | number.) | |
| PERSONAL | AND STATIST | ICAL PARTICULA | RS / | MEDIC | AL CERTIFICATE | E OF DEATH | |
| | COLOR OR RACE White | SINGLE, MARRIED (APT) WIDOWED (APT) OR DIVORCED (Write the word) | ied | 16 DATE OF DEATH | (Month) | 18th, | 1937/ |
| 6 DATE OF BIRTH | | | | 17 I HEREBY | CERTIFY, That I | W | ceased fron |
| 00000 | Sept. (Month | 22., , , (Day) | 1.861 (Year) | show I frant out it | 198/. to | July 18 | 193/ |
| 7 AGE | | IIfL | ESS than | and that death occur | red on the date stat | ted above, at | U m |
| 60 | 0 | | lay hrs. | The CAUSE OF DEAT | H * was as follows: | -NiA | 1-1- |
| BOCCUPATION | yrs | mos. 26 ds. or | mın.? | ucuic, | carago | easca | alia |
| (a) Trade, profess | sion or | etired | | M7 000 0 10000 000 0000 1000 1000 1000 1 | *************************************** | *************************************** | |
| (b) General nature | | e rate & 64 | ******** | | • | 7 | ••••• |
| business, or estable which employed or | | | | - M | yur Bration) | 310 | nosds |
| 9 BIRTHPLACE | (0.17.0) | | | Contributory Secondary | Hear pr | ratral | 10m |
| (State or country |) Baltimo | re, Md. | | 6 | (Duration) | VIS | 00da |
| | Casper We | nig | | (Signed) 6 du | ru Ka | 3 I Nac | M _D D |
| OF FATHER Z (State or coun | A | У | | 1 | (Address) Colorest (Address) Colorest (Address) Causing Deat ate (1) Means of the Homicidal. | th, or, in dea Injury and (2) | ths from Whether |
| 12 MAIDEN NAT V OF MOTHER | Eva Mat | haii | | 18 LENGTH OF RES | SIDENCE (For Hos | | |
| 13 BIRTHPLACE OF MOTHER (State or Cour | German | y | | At place of deathyrsm | osds. In t | the * itateyrs | .mosds |
| 14 THE ABOVE IS TO | RUE TO THE BEST | OF MY KNOWLEDG | E | if not at place of deal | h? | | |
| 0.6 | 72 34 477 | • | | Former or usual residence | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| (Informant) | | <u>ig</u> | | 19 PLACE OF BURIA | L OR REMOVAL | DATE OF | BURIAL |
| (Address) | 6825 Hol | abird Ave. | | Oak Xo | sv in | July 2 | 2, 193/ |
| 15 Filed 7/27 | 13/192 | Meary | unl | 18hu 7 | Denny | 715 L | s At SI |
| 1 1 | more bianks are | needed, address State | e Registrar | 16 W. Saratoga St., | Balto., Requesting V | . S. No. 1. | / |
| | | | | | 1/ | | |

(Approved by U. S. Census and American Public Health Association.)

er," etc., William - Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook., Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary freman; etc. But in many -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, can be ascertained as the cause. Always qualify ali stated unless important. approved by Committee on Nomenclature of the as fracture of skull, and consequences (o.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of heud-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPATION

| DATE OF DEATH County. Baltimore Registration Dist. No. 9.3 Village or CityEUDOWOOD SANATORIUM, TOWSON, MDNo. Langth of residence in city or town where death occurred | STATE OF MARYLAND— | CERTIFICATE OF DEATH (1803) |
|--|---|---|
| Village or City-LUDOWOOD SANATORIUM, TO WSON, Make the course of in bookins to institution, give in NAME instead of street and number) Length of residence in city or town where death occurred. 2 yrs | 1. PLACE OF DEATH | 23) |
| Length of residence in city or town where deeth occurred | | |
| Length of residence in city or town where deeth occurred | Village or CityEUDOWOOD SANATORIUM, TOWSON, | MDNo. St. Ward |
| 2. FULL NAME (a) Residence: No. 2 / 3 3 (Justice and State) PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED SAI, Ill married, widowed, or divorced (or) WHE of (or) WHE of (or) WHE of S. JATE OF BIRTH (month, day, and year) S. Days If LESS than 1 day, hts. I day, . | 4 (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. 2 3 4 (Usualpice of shole) PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR RACE OR DIVIOSED Gracific the word) Sal, If married, widowed, or diverced or diversed or diverced or diverced or diversed or diverced or diverced or diverced or diversed or diverced or diversed or di | 1 0 1 | |
| PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 1. SEX COLOR OR RACE S. SINCER MARKED, WIDOWED OR DIVORCED (capite the word) OR DIVORCED (capite the word) | | |
| PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE 1. S. SINCLE, MARKIED, WIDOWED 1. DATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY That I attended decessed from (or) Wife? 35a. If married, widowed, or divorced (or) Wife? 45. DATE OF BIRTH (month, day, and year) 45. DATE OF BIRTH (month, day, and year) 45. DATE OF BIRTH (month, day, and year) 46. DATE OF BIRTH (month, day, and year) 47. ACE 48. Months 49. | | |
| 3. SEX Male 4. COLOR OR RACE OR DIVORCED (entre the word) OR DIVORCED (entre the word) So. If married, widowed, or divorced (or) WHE of Color of | | |
| The PRICE (city or town) Sall marked, widowed or divorced HUSBAND of Control of the State or country) BIRTHPLACE (city or town) (State or country) BIRTHPLACE (cit | | |
| 58. If married widowed, or divorced HUSSAND of Care of Worked Programs of Care of Hussand Organization of Particular Security of Care of Hussand Organization of Particular Security of Worker Bookkeeper, etc. 8. Trade, profession, or particular Security of Worker Bookkeeper, etc. 9. Industry or business in which work was done, as SPININER, as SPININER, which work was done, as SPININER, which was done as SPININER, which was done as SPININER, as SPININER, which was done as SPININER, which was done as SPININER, as SPININER, which was done as SPININER, which was done as SPININER, as SPININER, which was done as SPININER, which was done as SPININER, as SPININER, which was done as SPININER, as SPININER, which was done as SPININER, which was done as SPININER, as SPININER, which was done | OR DIVORCED (write the word) | 21. DATE OF DEATH |
| HUSBAND of (or) WHE of Clara M. Multi-accuse (or) WHE of Contribution of Contribution Contribution of Contribution Contrib | Carro | (Month) (Day) (Year) |
| 8. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days II LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. SANTER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SK MILL, Was done, as SK MILL, Very 10. Date deceased lest worked at year) 10. Date deceased lest worked at year) 10. Date deceased lest worked at year) 11. Total time (year) so this is a possion. 11. Total time (year) so this is a possion. 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address DOWOOD SANATORIUM, TOWSON, MD) 18. BURIAL, CREWFTION, OR REMOVAL Piece. 19. INFORMANT (Address DOWOOD SANATORIUM, TOWSON, MD) 19. UNDERTAKEN (Address) | HUSBAND of Change In Williams | 22. HEREBY CERTIFY. That I attended deceased from |
| 7. AGE Yeers Months Deys If LESS than is dey. A min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAVER, BOOKKEPPR, etc. SAVER, BOOK | (or) wire of | # |
| Table Veers Months Days If LESS than Iday. hts. or. min. 1 | 6. DATE OF BIRTH (month, day, and year) Feb 3, 1873 | I last saw h. 1 m alive on fully 10 , 193/ ; death is sald |
| 8. Trade, profession, or particular wind of work done as SPINNER. SAWER, BONKEPRE, etc. 9. Industry or business in which was season and the season of the season and the season of the | | to have occurred on the date stated above, et 12 R.m. |
| 8. Trade, profession, or particular as SPINNER, and of work does as SPINNER, SAWYER, BOOKREPER, etc. 9. Industry or business in which work was done as SILK MILL. SAWYER, BOOKREPER, etc. 10. Date deceased lest worked at point in this pocupation from country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATION ON SANATORIUM, TOWSON, MD 18. BURIAL, CREWOTION, OR REMOVAL Piece 19. Understander A Date A Date A Date A Date A Caddress A Cad | | ware as follows: |
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| work was done, as SILK MILL. 10. Date deceased lest worked at this occupation month and year) 11. Total time (years) | SAWYER, BOOKKEEPER, etc. Traca Maspareller | 7 |
| this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN (Address) 18. BURIAL, CHENGTION, OR REMOVAL Piece AL and Policy (Address) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 20. FILED MMY 21. In death or country (Signed) Manner of injury Manner of injury 22. Wes disease or injury In any wey related to occupation of deceased? M. D. (Address) M. D. (M. D. (M. Address) M. D. (M. D. (M. M. M. (M. M. M. M. M. M. (M. M. M. M. M. M. M. M. (M. M. M. M. M. M. M. M. (M. M. M. M. M. M. M. M. M. (M. M. M. M. M. M. M. M. M. (M. M. M. M. M. M. M. M. M. (M. | 9. Industry or business In which work was done, as SILK MILL, | |
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| (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREWOTION, OR REMOVAL (Address) 19. UNDERTAKER 20. FILED Puly 10. State or country 11. NAME 12. Meme of operation Neme of operation What test confirmed diegnosis? What test confirmed courses (VIOLENCE) fill In siso the following: Accident, suicide, or homicide? Specify city or town, court of in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify city or town, court of in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify city or town, court of in | - P | Other Contributory Causes of Importance: |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN (Address) 18. BURIAL, CREWOTION, OR REMOVAL Plece 19. UNDERTAKER (Address) 20. FILED 11. INFORMAN (Signed) 12. INFORMAN (Signed) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN (Address) 18. BURIAL, CREWOTION, OR REMOVAL Plece 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Address) 10. Secily (Signed) 11. INFORMAN (Signed) 12. (Address) 13. NAME 14. BIRTHPLACE (city or town) Was there an autopsy? 15. Was there an autopsy? 16. What test confirmed diegnosis? 16. What test confirmed diegnosis? 18. BURIAL, Or country 19. Where did injury occurred (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL, CREWOTION, OR REMOVAL Plece 19. UNDERTAKER (Address) 19. UNDERTAKER (Addre | | Subscribers tentertes fun, 193, |
| 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) HOSPITAL RECORDS—Personal History (Address) 17. INFORMANI (Address) 18. BURIAL, CREMOTION, OR REMOVAL (Address) 19. UNDERTAKEN (Address) 20. FILED Puly 10. State or country Neme of operation What test confirmed diegnosis? Wes there an auropsy? What test confirmed diegnosis? Was there an auropsy? What test confirmed diegnosis? Was there an auropsy? What test confirmed diegnosis? Was there an auropsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury Nature of injury Nature of injury Nature of injury (Address) Eudowood Sand, Towson, Ind. (Address) Eudowood Sand, Towson, Ind. | | |
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| Hospital Records—Personal History 17. INFORMANT (Addre SUDO WOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CREMOTION, OR REMOVAL Place Labert A Date Joseph Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 20. FILED Puly 7. 19. 4 (Address) | 16. BIRTHPLACE (city or town) - echwelto Ferres | |
| 17. INFORMAN (Addres UDO WOOD SANATORIUM, TOWSON, MD. 18. BURIAL, CRENTION, OR REMOVAL Plece 19. UNDERTAKEN (Address) 24. Wes disease or injury In any wey related to occupation of deceased? If so, specify (Signed) M. D. (Address) Eudo Wood Sand, Towson, Md. | (State of County) | (Specify city or town, county and State) |
| 18. BURIAL, CREMOTION, OR REMOVAL Place Lucia for (a Date July 15, 19 1 Nature of injury In any wey related to occupation of deceased? 19. UNDERTAKER 15. (Signed) (Signed) M. D. (Signed) M. D. (Address) Eudovood Sant, Towson, Md. | 17, INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Piece heladoffs (a Dete for 1911) 19. UNDERTAKER 1912 Nature of injury 19. UNDERTAKER 24. Wes diseese or injury In any wey related to occupation of deceased? 16. Specify (Signed) (Signed) M. D. 18. Registrar. (Address) Eudovood Sand, Towson, Md. | | Mark and the same |
| 19. UNDERTAKER 2. 24. Wes diseese or injury In any wey related to occupation of deceased? 19. UNDERTAKER 2. 24. Wes diseese or injury In any wey related to occupation of deceased? 15 so, specify (Signed) (Signed) (Address) Eudowood San Towson, Md. | The Danielle Co Shales (5 3) | |
| 20. FILED Puly 15, 19 9 P. P. Butte (Signed) M. D. (Ardress) Eudowood Sand, Towson, Md. | 12011 | |
| 20. FILED Puly 5, 19 9/ 1-1. Settle (Signed) M. D. (Ardress) Eudowood Sand, Towson, Md. | | |
| 20. FILED Party (Ardress) Eudowood Sarl., Towson, Md. | (Auguess) King Hamall Man | 10/1/1/2011- |
| | | |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exa | imple I | | Example II | |
|---|--------------------|---------------|--|---------------|
| The principal cause of death of importance were as follow | and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | NUC 4, 193 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | AUG-10-11 | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | BUREAU | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes of | f importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | and the second second second second | |

| PLACE OF DEATH | 08032 STATE OF MARYLAND |
|---|--|
| County Salta | CERTIFICATE OF DEATH |
| 1 The sa The | Registration Dist. No. |
| Village or City Association 1 | St.: Ward) (if death occurred in a hospital or institution, give its NAME in- |
| 2FULL NAME TANK. | Wilson stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| aukum. 1 | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE afrut If LESS than I day hrs. | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work | Heat Grothalun |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Ch MMO Car allos |
| 9 BIRTHPLACE (State or country) | Secondary (Durstian) yes mos de |
| 10 NAME OF FATHER | (Signed) Charles & Mattfelat & Mrs. |
| 11 BIRTHPLACE OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| T 12 MAIDEN NAME OF MOTHER | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, |
| (Informati) The Selve Knowledge | Where was disease contracted, if not at place of death? Former or usual residence |
| (Address) afonoughle | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 2, 18/ |
| Filed 7/2 192 Attacher | 20 UNDERTAKER ADDRESS |
| If more bianks are needed, address State Registrar, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic etc. The contributory valvular Nomenclature heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

3.

| 1. PLACE OF DEATH, | Gue DEATH (1803) |
|---|---|
| County Baltimere | Registration Dist, No. 43 |
| Village or City Sternmers Cran | No. Babikow are st. Ward |
| Fil (II | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred lyss | ds. How long in U.S. if of foreign birth?mosds. |
| 2. FULL NAME ongad forlers | tem |
| (a) Residence: No. Oschife over (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH July 29 1931 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND OF OMNO B. Minterstein | 22. I HEREBY CERTIFY, That I attended decreased from |
| akil 4# 1817 | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h alive on 19; death ts said to have occurred on the date stated above, at 11.45 M , |
| / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, Hornes | Corollar celebrush |
| 9. Industry or business in which work was done, as StLK MIL. | |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this year) occupation | V |
| 12. BIRTHPLACE (city or town) Satty. Co. | Other Contributory Caoses of importance: |
| (State or country) Markey and | |
| 13. NAME Learge Winterstein | |
| 14. BIRTHPLACE (city or town) Wonorm | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME VAKNOUS | 23. If death was due to external causes (VtOL ENCE) fill In also the following: |
| 0 16. BtRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANY Fulletton Ind. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OF REMOVAL | Manner of injury |
| Place At Vellers lemelly pate Mug 2,13! | Nature of injury |
| 19. UNDERTAKER FISE CERICA Language Jones | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED & 11, 1931 Ba Futy M.D. Registrar. | (Signed) , V, C. A. C. M. D. |
| y Registrat. | (marrow) |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Perilonitis | 3 days ago |
| AMBERU V. | * ; } | | |
| Other contributory causes of importance: | -barrer | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gustroenteritis | 1 year |
| | | • | |
| | | | |

| PLACE OF DEATH | 18634 STATE OF MARYLAND |
|--|---|
| County Dolle | CERTIFICATE OF DEATH |
| 1 1 10 | (31) Registration Dist. No. |
| Village or Cit Tikesville No. | St.: Ward) (If death occurred in a hospital or Institu- |
| 2FULL NAME JOHN J. T | tion, give Ita NAME. ir. stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SHINGLE, MARRIED, WIDOWED OR DEPARTMENT OF THE WORLD OF THE W | 16 DATE OF DEATH JULY 3 70, 1921 |
| 6 DATE OF BIRTH 2/01/185/ | THEREBY CERTIFY, That rattended the daccased from the less saw has allow on from 1 2x 1223/ |
| (Month) (Day) (Year 7 AGE [IfLESS than | and that death occured on the date stated above, at |
| 119 8 2 I day,hrs. | The CAUSE OF DEATH * was ee follows: |
| B OCCUPATION (a) Trade, profession or Compension | Chrisil myorardes |
| particular kind of work (b) General nature of industry business, or establishment in | aus reparus |
| which employed or (employer) | Contributory Study Organization |
| (State or country) | (Duration) yrs mos de |
| FATHER Oliver of Knight | July 3 193/ (Address) Elleville Mil |
| II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of Mother Mosannas for | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) | At place of death yrs mos de State yrs de |
| 14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) // standard like | 19 PLACE OF BURIALOR REPOVAL DATE OF BURIAL |
| (Address) Onkerville 110 | blone to proper July 5. ,.31 |
| Filed July 3-193/68 Mchal | LEstrams NE 1723W Lafe |
| lf more blanks are needed, address State Registrar | , 16 W. Saratoga St., Baltur, Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons liousehold only (not paid Housekeepers who receive a or At Home, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, and children, not gainfully em-Laborer-Coul mine, ctc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; obtar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, " Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; lelanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary); (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sersis) Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart Sarcoma,, etc., of discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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| V. S. No. 1 | No. 1 | 0 | IARGIN RESERVED FOR BI | RES | ERVE | Q | FOR | BI |
|-------------|--|----------|------------------------|---------|--------|------|----------|-----|
| N. H | N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER | WITH | UNFAD | ING II | VK-TI | IIS | IS A I | ER |
| | mation should be carefully supplied. AGE should be stated E | efully s | supplied. | AGE | plnods | be : | stated | 1 |
| 1 | CAUSE OF DEATH in plain terms, so that it may be properly of | in plain | terms, s | o that | it may | pe 1 | roper | 3 0 |
| | TION is very important. See instructions on back of certificate. | ant. Se | e instruc | tions o | n back | of c | ertifica | te. |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (82-0) 33 |
| County Battimore | Begistration Dist. No. |
| / Village or City Sternmers Rann (16 | No Race + mill down Addet., Ward death occurred in a hospital or institution, give its NAME inspead of street and number) |
| A A | ds. How long in U.S. If of foreign birth Information mos. ds. |
| 2. FULL NAME Lara E. Wyerschn | ridt. |
| (a) Residence: No Pace + milldom Old | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the mord) Widowed | 21. DATE OF DEATH MAN (Day) (Year) |
| 5a. If married, widowed, or divorced | |
| (or) Wife of august Wherschmidt | 1 HEREBY CERTIFY, That Vattended deceased from |
| 6. DATE OF BIRTH (month, day, and year) June 26 1861 | I last law h alive on, 19; death is said |
| 7. AGE Years Months Days II LESS than | to have occurred on the date stated above, at 8 15 m. |
| 70 11 8 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | f |
| SAWTER, BUONNEEPER, etc. | Olsetral Helliochas |
| 9. Industry or business in which work was done, as SILK MILL, Out | /(|
| SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and pear) year) occupation occupation | · |
| 1/ A | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | PALLED DO FOR A |
| | committee reality |
| E TO TO TO TO | |
| (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Carrara Beak 16. BIRTHPLACE (city or town) Vinferiorin (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16, BIRTHPLACE (city or town) | Accident, sulcide, or homicide? Date of injury, 19 |
| (State of country) | Where dld Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT DEWARE THOUSE | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Gron Sufficient Date July 7, 1939 | Manner of injury |
| 19. UNDERTAKER Frederick Lassofm Sons (Address) 740/ Back Road | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED July 6 , 1931 J. J. Connelly Registrar. | (Signed) |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 14.16 A - 1867 | | | |
| Other contributory causes of importance: | · · | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 3 | | | 10.50 |

Sir

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V S No. 1

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., without more precise specimenary laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective co Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed Civil engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. The materia. (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart diseose; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B.—Every Item Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should size CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of contiguate. RECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PLAINL

| PLACE OF DEATH | USU34 STATE OF MARYLAND |
|--|---|
| County Ballaure | CERTIFICATE OF DEATH |
| the state of the s | Registration Dist. No. 3 |
| Village or City Litherville (No | St: Ward) (If death occurred in |
| 2 FULL NAME Elizabeth. C. | tion, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Mondo) (Day) (Year) |
| 6 DATE OF BIRTH Dec. 26, 1846 | 17 I HEREBY CERTIFY, That Lattended the deceased from |
| (Month) (Day) (Year) | that I last law her alive on fluid 4 , 1971, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at |
| 84 yrs. 6 mos. 9 ds. or min. | The CAUSE OF DEATH * was as follows: |
| a occupation (a) Trade, profession or | Myrconsidersufferen |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | (Durstion) yrs mos ds. |
| which employed or (employer) W | Contributor Mronie Endocordelis |
| 9 BIRTHPLACE (State or country) Alerra any. | arleno aclusous, Remeny de. |
| 10 NAME OF FATHER POLICE POLICE | (Signed) Daniel of DI. Whos peringen D. |
| M 11 BIRTHPLACE | July 6 1923 (Address) Jackson Mo |
| Z (State or country) Germani | *State the Liseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Catherine Glesler | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place in the |
| (State or Country) Jerus any | of deathyrsds. Stateyrsds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? |
| (Informant) Way. I. Dick | Former or usual res.dence |
| (Informant) | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL |
| (Address) Lulius Follo | Brest. Cem. Jovans July 1. 1931 |
| Filed Joly 6 1921 W. P. Byttes | 20 UNDERTAKER ADDRESS |
| Deff Registra: | John Burs Jones Torrans. Wol |
| If more banks are needed, address tate Negistran | 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1. |

(Approved by U. S. Census end American Fublic Health Association.)

er," etc., without more precise specification as ν_{uy} laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servard, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e g., Farmer or Planter, report specifically the occupations of persons For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic Example: Measles (disease etc. The valvular heart disease; contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.